



NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

(SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?

New Registration Change to Profile Renewal

To which fiscal year does this form apply? 20 21

LOBBYIST:

Last Name: Komero First Name: Michelle Middle: R
 Mailing Address: 351 La Marcha Ave, Royal Palm Beach, FL, 33411
 Email Address: mkomero60@its.jnj.com
 Office Number: _____ Cell Number: (352) 397-9013

Lobbying Firm on behalf of which lobbyist is representing principal (if any): Johnson & Johnson Innovative Medicine
 Mailing Address: 1125 Trenton-Harbourton Rd, PO Box 200 Titusville, NJ, 08560
 Telephone Number: (800) 775-5514

Do you have any direct or indirect business association, partnership, or financial relationship or live in the same household with or are related to any Broward Health Board Member, Board Committee Member, employee, or agent?
 No Yes. State with whom and explain: _____

Have you ever been an employee of Broward Health? No Yes.

Title: _____ Date of Employment: _____ Date of Separation: _____

Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?
 No Yes, Date of Service: _____ Date of Separation: _____

OATH

I do solemnly swear that all the foregoing facts are true and correct.

Michelle Komero
Original Signature of Lobbyist

Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1 Principal Name: Johnson & Johnson Innovative Medicine
 Principal Mailing Address: 1125 Trenton-Harbourton Rd, PO Box 200 Titusville, NJ 08560
 Principal Telephone Number: (800) 775-5514
 Areas of Interest/General & Specific Subject Matter: Pharmaceuticals

PRINCIPAL #2 Principal Name: N/A

Principal Mailing Address: _____
 Principal Telephone Number: _____
 Areas of Interest/General & Specific Subject Matter: _____

PRINCIPAL #3 Principal Name: N/A

Principal Mailing Address: _____
 Principal Telephone Number: _____
 Areas of Interest/General & Specific Subject Matter: _____

STATE OF FLORIDA
COUNTY OF Palm Beach
 Sworn to (or affirmed) and subscribed before me this 10th day of September, 2021 by Michelle Komero



(Signature of Notary Public--State of Florida)

Michael LaPrade

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification 1
 Type of Identification Produced FLPK

Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar year if the renewal form submitted by this lobbyist indicates "yes" to renew for the next year. Cancellation of a lobbyist's registration by the principal must be provided by written notice. Cancellation forms can be found at www.browardhealth.org

Johnson & Johnson

Principal Name

hereby authorizes

Michelle Romero

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Signature of Principal or Principal's Representative

Joseph Kidd

Print Principal Name / Principal's Representative

District manager

Print Title of Principal / Principal's Representative

Date

Attach this authorization to your registration form.