



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 24

LOBBYIST:

Suarez
 Last Name Pablo First Name Middle
14430 SW 38 Street
 Mailing Address
psuarez@kiniksa.com
 Email Address
 Cell Number (305) 934-5999
 Office Number

Lobbying Firm on behalf of which lobbyist is representing principal (if any)

Lobbying Firm's Mailing Address

Telephone Number

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.

Original Signature of Lobbyist

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

PRINCIPAL #1 Kiniksa Pharmaceuticals

Principal Name 100 Hayden Avenue
 Principal Mailing Address Lexington, MA 02421
(781) 431-9100
 Principal Telephone Number Pharmaceuticals
 Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2

Principal Name _____
 Principal Mailing Address _____
 Principal Telephone Number _____

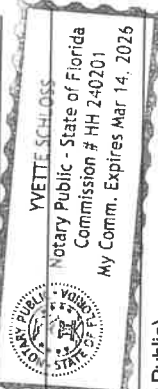
PRINCIPAL #3

Principal Name _____
 Principal Mailing Address _____
 Principal Telephone Number _____

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 24th day of July 2024 by Pablo Suarez.



(Signature of Notary Public--State of Florida)

Yvette Schiavos

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

Personally Known _____ OR Produced Identification 3620-660-67-287-2

Type of Identification Produced

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

Kiniksa Pharmaceuticals

Principal Name

hereby authorizes

Pablo Suarez

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Todd Fuller

Digitally signed by Todd Fuller
Date: 2024.07.08 08:16:32 -04'00'

Signature of Principal or Principal's Representative

Todd Fuller

Print Principal Name / Principal's Representative

Regional Sales Director

Print Title of Principal / Principal's Representative

7/8/24

Date

Attach this authorization to your registration form.