



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

LOBBYIST:

Last Name: Bain First Name: Bae Middle: Lynn
 Address: 404 Wayne Ave City: Indialantic State: FL Zip: 32903
 Email Address: Bae.Bain@ParatekPharma.com Cell Number: (813) 469-7930

Office Number: _____

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

Paratek Pharmaceuticals
1000 First Ave #200 King of Prussia, PA 19406
 Lobbying Firm's Mailing Address: _____
 Telephone Number: (857) 488-8929

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.

Bae Bae
Original Signature of Lobbyist

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

PRINCIPAL #1 Paratek Pharmaceuticals
 Principal Name: _____
1000 First Ave #200
 Principal Mailing Address: _____
King of Prussia, PA 19406
(813) 469-7930
 Principal Telephone Number: _____
Pharmaceuticals
 Areas of Interest/General & Specific Subject Matter: _____

PRINCIPAL #2 _____

Principal Name _____

Principal Mailing Address _____

Principal Telephone Number _____

Areas of Interest/General & Specific Subject Matter _____

PRINCIPAL #3 _____

Principal Name _____

Principal Mailing Address _____

Principal Telephone Number _____

Areas of Interest/General & Specific Subject Matter _____

STATE OF FLORIDA
 COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 12th day of JULY, 2024 by Rae Bain

Brittany L. Drake
 (Signature of Notary Public--State of Florida)

Brittany L. Drake
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known _____ OR Produced Identification X

Type of Identification Produced Florida Driver's License

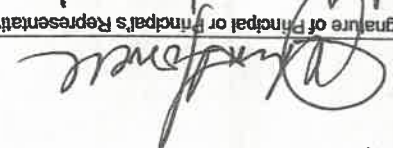
Principal Authorization Form

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

Principal Name Paratek Pharma hereby authorizes

Lobbyist's Name Rae Bain

Description of Principal's Main Business Pharmaceuticals

Signature of Principal or Principal's Representative 

Print Principal Name / Principal's Representative John Howell

Print Title of Principal / Principal's Representative Regional Business Director

Date

July 12, 2024

Attach this authorization to your registration form.