



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 what fiscal year does this form apply? 20 _____

LOBBYIST:

Last Name: LOPEZ-RUIZ First Name: REBECCA Middle: _____

Address: 9055 SW 73 TERACE #1206 MIAMI, FL 33156

Mailing Address: _____

Email Address: rlopezruizekebia.com

Office Number: _____ Cell Number: (787) 378-3454

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

215 FORT STREET CAMBRIDGE, MA 02142

Lobbying Firm's Mailing Address: (617) 871-2098

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.

Rebecca Lopez-Ruiz
Original Signature of Lobbyist

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

PRINCIPAL #1 Principal Name: KEBIA THERAPEUTICS

Principal Mailing Address: 245 FIRST STREET CAMBRIDGE, MA 02142

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

PRINCIPAL #2 Principal Name: N/A

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

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

PRINCIPAL #3 Principal Name: N/A

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

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

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

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

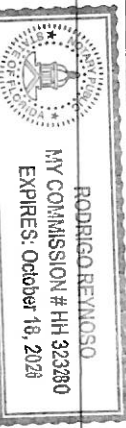
STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 21ST day of MAY, 2024 by REBECCA LOPEZ-RUIZ

(Signature of Notary Public--State of Florida)

Rodrigo Revnoso



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

Personally Known _____ OR Produced Identification X
Type of Identification Produced: FE-6126-720-73-527-1

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

Akebia Therapeutics

hereby authorizes

Rebecca Lopez-Ruiz

Principal Name

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

DocuSigned by:

Graham Ray

Signature of Principal or Principal's Representative

Graham Ray

Print Principal Name / Principal's Representative

Vice President, Key Accounts

Print Title of Principal / Principal's Representative

06-Jun-2024 | 12:13 PM EDT

Date

Attach this authorization to your registration form.

Certificate Of Completion

Envelope Id: 4FA3B157EF2842D4890FB14D8A404B99
Subject: Complete with DocuSign: Principal Authorization Form N Broward Renewal.pdf
Policy Number:
Requisition Number:
Source Envelope:
Document Pages: 1
Certificate Pages: 1
AutoNav: Enabled
Envelope Stamping: Enabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:
Donna Jeffers
245 First Street
Suite 1400
Cambridge, MA 02142
djeffers@Akebia.com
IP Address: 72.93.214.252

Record Tracking

Status: Original
6/6/2024 12:11:58 PM
Holder: Donna Jeffers
djeffers@Akebia.com

Location: DocuSign

Signer Events

Graham Ray
gray@akebia.com
VP, Key Accounts
Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Pre-selected Style
Using IP Address: 166.199.152.37
Signed using mobile

Timestamp

Sent: 6/6/2024 12:12:57 PM
Viewed: 6/6/2024 12:13:24 PM
Signed: 6/6/2024 12:13:30 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent
Certified Delivered
Signing Complete
Completed

6/6/2024 12:12:57 PM
6/6/2024 12:13:24 PM
6/6/2024 12:13:30 PM
6/6/2024 12:13:30 PM

Payment Events

Status

Timestamps