



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 24-25

LOBBYIST:
 Last Name: St-Onge First Name: Robert Middle: Louis
 Mailing Address: 900 Greenbush Lane, 2090 Delray Beach,
Robert_StOnge@VERTX.com
 Email Address: 207, 485-1083 Cell Number: 207, 485-1083
 Office Number: Vertex

Lobbying Firm on behalf of which lobbyist is representing principal (if any)
50 Northern Ave Boston, MA
 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.

Robert St-Onge
Original Signature of Lobbyist

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

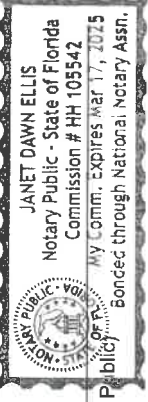
PRINCIPAL #1 Vertex Principal Name
50 Northern Ave. Principal Mailing Address
Boston Ma 02210
 Principal Telephone Number _____
Pharmaceuticals Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 N/A Principal Name
 Principal Mailing Address _____
 Principal Telephone Number _____
 Areas of Interest/General & Specific Subject Matter _____

PRINCIPAL #3 N/A Principal Name
 Principal Mailing Address _____
 Principal Telephone Number _____
 Areas of Interest/General & Specific Subject Matter _____

STATE OF FLORIDA
COUNTY OF Hamm Beach
 Sworn to (or affirmed) and subscribed before me this 15th day of August, 2024 by Robert Louis St-Onge
Janet Dawn Ellor

(Signature of Notary Public--State of Florida)
 (Print, Type, or Stamp Commissioned Name of Notary Public) _____ OR Produced Identification _____
 Personally Known OR Produced Identification _____
 Type of Identification Produced _____



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

Veritek

hereby authorizes

Lobbyist's Name

Robert Stenge

Description of Principal's Main Business

Pharmaceuticals

Signature of Principal or Principal's Representative

X- Lisa Yan

Print Principal Name / Principal's Representative

LISA YAN

Print Title of Principal / Principal's Representative

Regional Field Leader

Date

08-01-2024

Attach this authorization to your registration form.