



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 24-2025

LOBBYIST:

Last Name: O'Donnell First Name: Susan Ashley Middle: Terry
 301 1st Street South, Unit 201,
 Mailing Address: St. Petersburg, FL
 Email Address: sodonne5@its.jnj.com
727-744-3472 Cell Number: 337-744-3472
727-744-3472

Lobbying Firm: Johnson & Johnson Innovative Medicine
 Lobbying Firm on behalf of which lobbyist is representing principal (if any):
800 850 Ridgeway Dr., Horsham, PA, 19044
 Lobbying Firm's Mailing Address: 804, 955-9610
 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.

Susan Ashley O'Donnell
 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
800 850 Ridgeway Drive,
 Principal Mailing Address: 19044
Horsham, PA
804, 955-9610
 Principal Telephone Number: pharmacuticals + education
 Areas of Interest/General & Specific Subject Matter:

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:

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

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

STATE OF FLORIDA COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 5th day of September, 20 24 by Susan Ashley Terry O'Donnell

(Signature of Notary Public - State of Florida)



(Print, Type, or Stamp Commission Name and State Name)
 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 Johnson & Johnson Innovative Medicine hereby authorizes Ashley O'Donnell Lobbyist's Name

Description of Principal's Main Business Pharmaceutical Education

Signature of Principal or Principal's Representative [Signature]

Print Principal Name / Principal's Representative Deirdre Belcher 727-688-5928

Print Title of Principal / Principal's Representative East Solid OTC Manager

Date September 07, 2024

Attach this authorization to your registration form.