



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: DELGADO First Name: GLISSES Middle: _____
 Mailing Address: 14804 SW 31 TERR
 Email Address: udelgado25@gmail.com Cell Number: (786) 210-2111
 Office Number: _____

CORPUM

Lobbying Firm on behalf of which lobbyist is representing principal (if any):
11 FRANSWORTH ST. 4TH FLR BOSTON, MA 02210
 Lobbying Firm's Mailing Address: (855) 253-2407
 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.

Delgado
 Original Signature of Lobbyist

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

PRINCIPAL #1 CORPUM
 Principal Name: _____
 Principal Mailing Address: 11 FRANSWORTH ST. 4TH FLR, BOSTON, MA 02210
 Principal Telephone Number: (855) 253-2407
 Areas of Interest/General & Specific Subject Matter: PHARMACEUTICALS

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 MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 2nd day of August, 2024 by Glisses Delgado

Notarized
 (Signature of Notary Public--State of Florida) Maria Otermin
 Notary Public
 State of Florida
 Comm# HH489365
 Expires 2/5/2028

Personally Known N/A
 Type of Identification Produced FLDL# D423-840-31-105-0
 OR Produced Identification X

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 d/b/a Broward Health for the 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 JENNIFER GRAYM hereby authorizes MISSSES DELGADO Lobbyist's Name

Description of Principal's Main Business PHARMA SMES
Signature of Principal or Principal's Representative  Lobbyist's Name MISSSES DELGADO

Print Principal Name / Principal's Representative JENNIFER GRAYM

Print Title of Principal / Principal's Representative REGIONAL DIRECTOR

Date 8/2/24

Attach this authorization to your registration form.