



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: HURST First Name: VINCENT Middle: W
 2118 NE 17 AVE WILTON MANORS, FL. 33305
 Mailing Address: VHURST@ITS.INSJ.COM
 Email Address: (954) 608-7646 Cell Number: (954) 608-7646
 Office Number: 119

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

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.

Handwritten Signature

Original Signature of Lobbyist _____

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

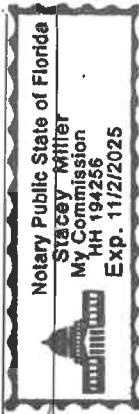
PRINCIPAL #1 Principal Name: J&J INNOVATIVE MEDICINE
 Principal Mailing Address: 1125 TRENTON HARBOR TON ROAD P.O. BOX 200
TITUSVILLE, NJ 08560
 Principal Telephone Number: (800) 775-5514 PHARMACEUTICALS
 Areas of Interest/General & Specific Subject Matter: _____

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 18 day of September, 2024 by _____

(Signature of Notary Public--State of Florida)
Stacey Miller
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known OR Produced Identification _____
 Type of Identification Produced _____

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

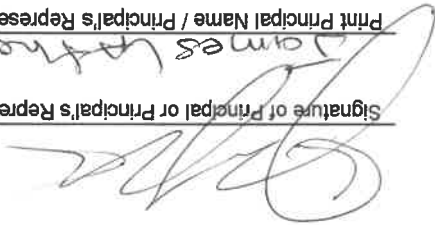
Principal Name
J&I INNOVATIVE MEDICINE

hereby authorizes

Lobbyist's Name
VINCENT HUNT

Description of Principal's Main Business
PHARMACEUTICALS

Signature of Principal or Principal's Representative



Print Principal Name / Principal's Representative
James Luther

Print Title of Principal / Principal's Representative
District Manager

Date
9-17-24

Attach this authorization to your registration form.