



# 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:**

**William**  
 Last Name William First Name Lopez Middle \_\_\_\_\_  
 c/o 2350 Kerner Blvd., Ste. 250 San Rafael, CA 94901  
 Mailing Address  
 genentech3@nmgovlaw.com  
 Email Address  
 ( 415 ) 389-6800 Office Number Cell Number \_\_\_\_\_

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.**

Original Signature of Lobbyist \_\_\_\_\_

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

**PRINCIPAL #1** Genentech Inc., A Member of the Roche Group  
 Principal Name

c/o 2350 Kerner Blvd., Ste. 250 San Rafael, CA 94901  
 Principal Mailing Address

( 415 ) 389-6800  
 Principal Telephone Number

Biotechnology & 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** Orange

Sworn to (or affirmed) and subscribed before me this 3<sup>rd</sup> day of July, 2024 by William Edward Lopez

Odisseia Tossato  
 Signature of Notary Public--State of Florida



Odisseia Tossato  
 Commission: HH 387378  
 Expires: August 8, 2027  
 Notary Public - State of Florida

Personally Known \_\_\_\_\_ OR Produced Identification   
 Type of Identification Produced FL driver license