



**BROWARD
HEALTH**

**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 26-27

LOBBYIST:

Last Name

First Name

Middle

1201 F Street NW Suite 480 Washington DC 20004

Mailing Address

alex.v.ramirez@gsk.com

E-mail Address

Office Number

Cell Number

9175839994

I am lobbying firm on behalf of which lobbyist is representing principal (if any)

I am 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

GlaxoSmithKline

PRINCIPAL #1

Principal Name

1201 F street NW Suite 480 Washington DC 20004

Principal Mailing Address

Principal Telephone Number

Health and Healthcare
Pharmaceutical Industr

Areas of Interest(General & Specific Subject Matter

PRINCIPAL #2

Principal Name

Principal Mailing Address

Principal Telephone Number

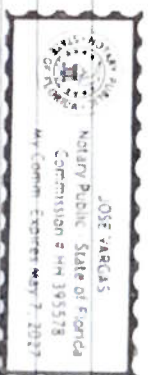
Areas of Interest(General & Specific Subject Matter

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 10th day of September, 2026, by Alexis Ramirez

(Signature of Notary Public—State of Florida)

Jose Vargas

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced FIDPHS License X