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:

Moraes — Last Name
Craig — First Name
Middle

1201 F Street NW Suite 480 Washington DC 20004
Mailing Address

craig.x.moraes@gsk.com
Email Address

( ) Office Number
(7704809226) 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 GlaxoSmithKline — Principal Name

1201 F street NW Suite 480 Washington DC 20004
Principal Mailing Address

( ) Principal Telephone Number

Health and Healthcare Pharmaceutical Industry
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~~ GA
COUNTY OF Fulton

Sworn to (or affirmed) and subscribed before me this 14th day of Oct., 20 26 by Craig Moraes.

S. Modi
(Signature of Notary Public--State of ~~Florida~~ GA)

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

SARJUKUMAR MODI NOTARY PUBLIC CHEROKEE COUNTY GEORGIA EXPIRES 10/02/2030

Personally Known ____ OR Produced Identification

Type of Identification Produced GA D.L.

NORTH BROWARD
HOSPITAL DISTRICT

Principal Authorization Form

Authorization to Represent the Principal

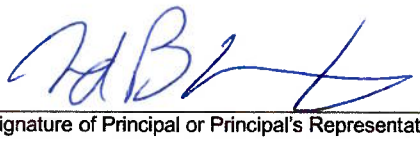
Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar 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

GlaxoSmithKline
Principal Name

hereby authorizes

Craig Moraes
Lobbyist's Name

Pharmaceutical Industry
Description of Principal's Main Business


Signature of Principal or Principal's Representative

Ted Lowery
Print Principal Name / Principal's Representative

Director, External Disclosure and AnalyticsStrategy, Insights, Transformation & Operations (SITO)
Print Title of Principal / Principal's Representative

Date

Attach this authorization to your registration form.