NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

BROWARD HEALTH

(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:

Cook — Last Name
James — First Name
Middle

1801 Augustine Cutoff Wilmington DE 19803
Mailing Address

JCook@incyte.com
Email Address

( ) Office Number
(813) 389-4235 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

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

PRINCIPAL #1 Incyte — Principal Name

1801 Augustine Cutoff Wilmington DE 19803
Principal Mailing Address

( ) 302-498-6700 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

OATH

I do solemnly swear that all the foregoing facts are true and correct.

Original Signature of Lobbyist

STATE OF FLORIDA
COUNTY OF Hernando

Sworn to (or affirmed) and subscribed before me this 24th day of September, 20 26 by James Cook.

Cinthya Ball
(Signature of Notary Public--State of Florida)

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

NOTARY PUBLIC
CINTHYA BALL
Notary Public, State of Florida
Commission# HH 705590
My comm. expires AUG. 03, 2029

Personally Known ✓ OR Produced Identification ✓
Type of Identification Produced Florida Driver License

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*

Incyte
Principal Name

hereby authorizes

James Cook
Lobbyist's Name

Pharmaceutical Industry
Description of Principal's Main Business

craig wyatt
Signature of Principal or Principal's Representative

Craig Wyatt
Print Principal Name / Principal's Representative

Oncology Business Director
Print Title of Principal / Principal's Representative

9/30/2026
Date

Attach this authorization to your registration form.