



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 Nadhazy First Name Krisztina Middle

Mailing Address 1201 F Street NW Suite 480 Washington DC 20004

Email Address krisztina.x.thomason@gsk.com

Office Number

Cell Number (954) 980-7325

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.

GlaxoSmithKline

PRINCIPAL #1 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

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 07th day of May 2026 by 50850854

(Signature of Notary Public—State of Florida)



FEDERICO ALBERTO
MY COMMISSION # HH 494173
EXPIRES: June 19, 2028

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

Personally Known X OR Produced Identification

Type of Identification Produced