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:

Roeder — Last Name
Rebecca — First Name
Middle

1201 F Street NW Suite 480 Washington DC 20004
Mailing Address

rebecca.e.roeder@gsk.com
Email Address

( ) Office Number
(7282181905) 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.

Rebecca E. Roeder
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
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 7 day of October, 2026 by Rebecca Roeder.

Stacey Hector
(Signature of Notary Public–State of Florida)

Notary Public State of Florida
Stacey Hector
My Commission HH 667133
Expires 4/21/2029

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

Personally Known ____ OR Produced Identification ✓

Type of Identification Produced Driver license