LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 03/30/05
REG. 2005
M.O.# 08275619665
$110.00 WS

SCANNED
APR 2 1 2005
By: AM

AMENDMENT

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Callahan, Michael D.
   Last First MI

2. BUSINESSPHONE (318) 348-3572
   Area Code and Phone Number

3. BUSINESS ADDRESS 3100 Deborah Dr. #86, Monroe, LA. 71201
   Street and No. City State Zip

   MAILING ADDRESS Same as Above
   Street and No. City State Zip

4. EMPLOYER The Janssen Group

5. EMPLOYER'S ADDRESS 3100 Deborah Dr #86, Monroe, LA 71201
   Street and No. City State Zip

2005 APR 13 PM 4:19
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

   1. Name Ouachita Surgical Hospital

      Address 1275 Glenwood Dr., West Monroe, LA

      Business or purpose Hospital

      Does this person pay you? Yes

      If No, who pays you?

2005 MAR 22 PM 2:17
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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[redacted]

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Postmark Date: 03/30/05
REG. 2005
M.O.# 08275619665
$110.00 US

SCANNED
APR 21 2005
By: BM

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2005 MAR 30 PM 2:17
APR 1
RECEIVED
CAMPAIGN FINANCE

LOBBYING REGISTRATION FORM

2. Name MONROE SURGICAL HOSPITAL

Address 2408 BROADMOOR BLVD., MONROE, LA

Business or purpose HOSPITAL

Does this person pay you? YES

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Michael D. Callahan
Signature of Lobbyist

AMENDMENT

LOBBYING REGISTRATION FORM

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Business or purpose HOSPITAL

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Michael D. Callahan
Signature of Lobbyist