LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1467
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 10-13-08
Term-L
ackV
1073136

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME UNGER, JABON L.
   Last First MI

2. BUSINESS PHONE 850-577-9090

3. BUSINESS ADDRESS 301 S. BRONOUGH STREET, STE. 600, TALLAHASSEE, FL 32301
   Street and No. City State Zip

   MAILING ADDRESS 301 S. BRONOUGH STREET, STE. 600, TALLAHASSEE, FL 32301
   Street and No. City State Zip

4. EMPLOYER GRAYROBINSON, P.A.

5. EMPLOYER'S ADDRESS 301 S. BRONOUGH STREET, STE. 600, TALLAHASSEE, FL 32301
   Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X No ____
   (for Legislative branch)

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

   1. Name PROMISE HEALTHCARE, INC.

      Address 999 YAMATO ROAD, 3D FLOOR, BOCA RATON, FL 33431

      Business or purpose HEALTH CARE

      ☐ New Representation
      Does this person pay you? ____

      If No, who pays you? ____

      ☒ Terminated Legislative Representation as of ____

Form 501, Rev. 10/2002

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2. Name N/A

Address

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

3. Name N/A

Address

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

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.

Signature of Lobbyist

Form 201, Rev. 10/2002