EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 1st Floor, Baton Rouge LA 70808, or fax to (225) 765-1787. For information or assistance, call (225) 765-5777 in (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representation.

FOR OFFICE USE ONLY
Postmark Date 10/10/08

Supp
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NAME GERIO, TIMOTHY M. (Last) (First) (MI)

NAME CHANGE ____ (Last) (First) (MI)

2. BUSINESS PHONE 850-577-0090 (Area Code) Phone Number

3. FAX PHONE 850-577-3311

4. 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)

5. EMPLOYER GRAYROBINSON, P.A.

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

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No X

8. LIST BELOW (a) Names of persons, groups or organizations which you are adding or eliminating; (b) the address of each such person, group, or association 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 is someone who pays you to lobby; and (e) the date of termination if applicable.

1) Name MEDSOLUTIONS, INC.

Address 730 COOL SPRINGS BOULEVARD, STE. 800, FRANKLIN, TN 37067

Business or purpose HEALTHCARE MANAGEMENT

☒ New Representation. Does this person pay you? YES

If No, who pays you? ____

☐ Terminated Representation as of ____ N/A

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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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist

Form 140, Rev. 7/04