



Health Innovation Subcommittee

Tuesday, January 19, 2016
1:30 PM – 3:30 PM
306 HOB

Action Packet

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/19/2016 1:30:00PM

Location: 306 HOB

Summary:

Health Innovation Subcommittee

Tuesday January 19, 2016 01:30 pm

HB 233	Favorable With Committee Substitute	Yeas: 9	Nays: 4
	Amendment 753183 Adopted Without Objection		
HB 885	Favorable With Committee Substitute	Yeas: 12	Nays: 0
	Amendment 598321 Adopted Without Objection		

Committee meeting was reported out: Tuesday, January 19, 2016 3:50:31PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/19/2016 1:30:00PM

Location: 306 HOB

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Kenneth Roberson (Chair)	X		
John Cortes	X		
Fred Costello	X		
Manny Diaz, Jr.	X		
Walter Hill	X		
Mia Jones	X		
Scott Plakon	X		
Paul Renner	X		
Hazelle Rogers	X		
Chris Sprowls	X		
Richard Stark	X		
W. Gregory Steube	X		
Jay Trumbull	X		
Totals:	13	0	0

Committee meeting was reported out: Tuesday, January 19, 2016 3:50:31PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/19/2016 1:30:00PM

Location: 306 HOB

HB 233 : Abortion Clinics

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes		X			
Fred Costello	X				
Manny Diaz, Jr.	X				
Walter Hill	X				
Mia Jones		X			
Scott Plakon	X				
Paul Renner	X				
Hazelle Rogers		X			
Chris Spowls	X				
Richard Stark		X			
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
	Total Yeas: 9	Total Nays: 4			

HB 233 Amendments

Amendment 753183

Adopted Without Objection

Appearances:

Ward, Teresa (Lobbyist) - Proponent

Florida Right to Life
Attorney
4489 Ashville Hwy
Monticello FL 32344
Phone: (850) 544-5171

Richardson, Michelle (Lobbyist) - Opponent

ACLU of Florida
Director of Public Policy
4500 Biscayne Blvd
Miami FL 33140
Phone: (786) 363-2700

Bunkley, Bill (Lobbyist) - Proponent

Florida Ethics & Religious Liberty Commission, Inc.
President
P.O Box 341644
Tampa FL 33694
Phone: (813) 264-2977

Committee meeting was reported out: Tuesday, January 19, 2016 3:50:31PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/19/2016 1:30:00PM

Location: 306 HOB

HB 233 : Abortion Clinics (continued)

Appearances: (continued)

Kelly, Amber (Lobbyist) - Proponent

Florida Family Action
Legislative Assistant
4853 S Orange Ave, Ste C
Orlando FL
Phone: (407) 418-0250

Pound, Greg (General Public) - Information Only

9166 Sunrise Dr
Largo FL 33773

Delgado, Ingrid (Lobbyist) - Proponent

Florida Conference of Catholic Bishops
Associate for Social Concerns & Respect Life
201 W Park Ave
Tallahassee FL 32301

Lazaro, Aurora (General Public) - Information Only

17791 NE 9th Ct
N Miami Beach FL 33162
Phone: (305) 505-8080

Swain, Anthony (General Public) - Proponent

CFC-Christain Family Coalition
Minister
1914 NW 43 St
Miami FL
Phone: (786) 975-7470

Graham, Gerald (General Public) - Information Only

Christian Family Coalition
Minister
20167 NW 38th Pl
Miami FI 33055
Phone: (786) 859-1635

Wilcox, Nathaniel J. (General Public) - Proponent

Christian Family Coalition
Minister
3111 NW 135th St
Opa-Locka FL

Swain, Cornelia (General Public) - Proponent

Christian Family Coalition
1914 NW 43rd St
Miami FI 33142
Phone: (786) 281-9100

Committee meeting was reported out: Tuesday, January 19, 2016 3:50:31PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/19/2016 1:30:00PM

Location: 306 HOB

HB 233 : Abortion Clinics (continued)

Appearances: (continued)

Cothran, Charlene E. (General Public) - Proponent
Christian Family Coalition
Pastor, Zion Baptist Church of Palm Coast FL
2323 N State St, Ste 62
Bunnell FL 32110
Phone: (386) 585-5484

Diaz, Kimberly (Lobbyist) - Opponent
FL Alliance of Planned Parenthood Affiliates
Legislative Representative
2300 N FL Mango Rd
WPB FL 33409
Phone: (561) 472-9942

Devane, Barbara A. (Lobbyist) - Opponent
FL Now
625 E. Brevard St.
Tallahassee FL 32308
Phone: (850) 222-3969

Guillermo Smith, Carlos (Lobbyist) - Opponent
Equality FL
Government Affairs Manager
2237 Stonington Ave
Orlando FL 32817
Phone: (404) 934-4944

Coalburn, Rachel (General Public) - Information Only
10899 SW 4th St
Miami FL 33174
Phone: (407) 319-0115

McKinstry, Molly (Lobbyist) (State Employee) - Information Only
Agency for Health Care Administration
2727 Mahan Dr
Tallahassee FL 32308
Phone: (850)412-3600

Committee meeting was reported out: Tuesday, January 19, 2016 3:50:31PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/19/2016 1:30:00PM

Location: 306 HOB

HB 885 : Residential Facilities

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.	X				
Walter Hill	X				
Mia Jones	X				
Scott Plakon	X				
Paul Renner				X	
Hazelle Rogers	X				
Chris Sprowls	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
Total Yeas: 12		Total Nays: 0			

HB 885 Amendments

Amendment 598321

Adopted Without Objection

Appearances:

Pinsky, Richard (Lobbyist) - Proponent
City of Lake Worth
106 E College Ave, #1200
Tallahassee FL 32301

Arteaga, Diana (Lobbyist) - Waive In Support
City of Miami
444 SW 2nd Ave., 10th Floor
Miami FL 33133
Phone: (786) 469-1644

Committee meeting was reported out: Tuesday, January 19, 2016 3:50:31PM



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: **HB 233 : Abortion Clinics** Meeting Date: **Jan 19 2016 1:30PM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Health Innovation Subcommittee**

Name: **Ward, Teresa**

Title: **Attorney**

Address: **4489 Ashville Hwy**

City: **Monticello** State/Zip: **FL 32344**

Phone Number: **850-544-5171**

Representing: **Florida Right to Life**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **Yes**

I Have Been Requested To Speak: **No**

	Bill	Amendment
	Proponent	N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 233 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 233

Committee/Subcommittee: House Health Innovation

Name: Michelle Richardson

Title: Director of Public Policy

Address: 4500 Biscayne Blvd

City: Miami State/Zip: 33140

Phone Number: 786 - 363 - 2700

Representing: ACLU of Florida

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 233 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Abortion Clinics

Committee/Subcommittee: Health Innovation Subcommittee

Name: Bill Bunkley

Title: President

Address: PO Box 341644

City: Tampa State/Zip: FL 33694

Phone Number: 813-264-2977

Representing: Florida Ethics & Religious Liberty Commission, Inc.

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB233 Meeting Date: Jan. 19, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Abortion Clinics

Committee/Subcommittee: Health Innovation Subcommittee

Name: Amber Kelly

Title: Legislative Assistant

Address: 4853 S. Orange Ave, Ste. C

City: Orlando State/Zip: FL

Phone Number: (407) 418-0250

Representing: Florida Family Action

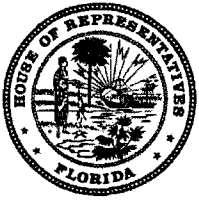
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 233 Meeting Date: 11/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Abortion

Committee/Subcommittee: Health ins. sub.

Name: Greg Pound

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: Fla 33773

Phone Number: _____

Representing: Saving Families

Registered Lobbyist: YES NO

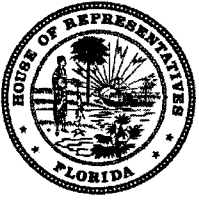
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	

info only on the bill



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 233 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Abortion Clinics

Committee/Subcommittee: Health Innovation

Name: Ingrid Delgado

Title: Associate for Social Concerns + Respect Life

Address: 201 W Park Av

City: Tallahassee State/Zip: FL / 32301

Phone Number: _____

Representing: Florida Conference of Catholic Bishops

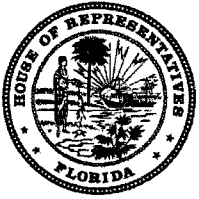
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 233 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Innovation

Name: Aurora Lazaro

Title: _____

Address: 17791 NE 9th Ct

City: N Miami Beach State/Zip: Florida / 33162

Phone Number: 305 505 8080

Representing: _____

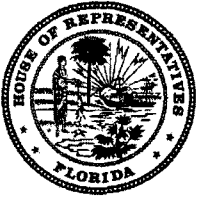
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 233 Meeting Date: 1-19-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Abortion Clinics

Committee/Subcommittee: Health Innovative Sub

Name: Anthony Swain

Title: Minister

Address: 1914 NW 43 St

City: Miami State/Zip: FLA

Phone Number: 786-975-7470

Representing: CFC - Christian Family Coalition

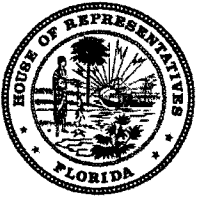
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 233 Meeting Date: 1-19-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Abortion Clinics

Committee/Subcommittee: Health Innovative Sub

Name: Gerald Graham

Title: Rev.

Address: 20167 NW 38th Pl

City: Miami FL State/Zip: FL 33055

Phone Number: 986-859-1635

Representing: CFC * Christian Family Coalition

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 233 Meeting Date: JAN. 19, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: ABORTION CLINICS

Committee/Subcommittee: HEALTH INNOVATIVE SUB

Name: NATHANIEL J. WILCOX

Title: MINISTER

Address: 3111 N.W. 135 ST

City: OPA-LOCKA State/Zip: FL

Phone Number: 786)

Representing: CHRISTIAN FAMILY COALITION

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB-233 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Abortion Clinics

Committee/Subcommittee: Health Innovations Subcommittee

Name: Cornelia Swain

Title: Concerned Citizen

Address: 1914 NW 43rd St.

City: Miami State/Zip: FL 33142

Phone Number: 786 281 9100

Representing: Christian Family Coalition

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent	<input checked="" type="checkbox"/>	Opponent	<input type="checkbox"/>
Info Only	<input type="checkbox"/>	Proponent	<input type="checkbox"/>
		Opponent	<input type="checkbox"/>
		Info Only	<input type="checkbox"/>



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 233 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Abortion Clinics

Committee/Subcommittee: HEALTH Initiative Sub.com.

Name: Rev. Charlene E. Cothran

Title: Pastor, ZION Baptist Church of Palm

Address: 2323 N. STATE ST Suite 62 Coast, FL

City: Bunnell, FL State/Zip: 32110

Phone Number: 386.585-5484

Representing: Christian Family Coalition

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 233 Meeting Date: 1/19/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 233

Committee/Subcommittee: Health Innovation

Name: Kimberly Diaz

Title: Legislative Representative

Address: 2300 N. FL. mango Road.

City: West Palm Beach State/Zip: FL / 33409

Phone Number: 561.472.9942

Representing: Florida Alliance of Planned Parenthood Affiliates

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 233 Meeting Date: 1-19-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Antismoking Clinics

Committee/Subcommittee: Health Innovation

Name: Barbara DeVane

Title: Ms.

Address: 635 E. Broadway ST

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-222-3969

Representing: Florida NOW

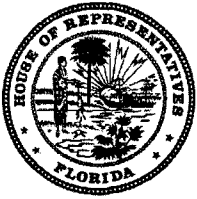
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 233 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Innovation

Name: Carlos Guillermo Smith

Title: GOVERNMENT AFFAIRS MANAGER

Address: 2237 Stonington Ave

City: Orlando State/Zip: FL 32817

Phone Number: 404.934.4944

Representing: Equality Florida

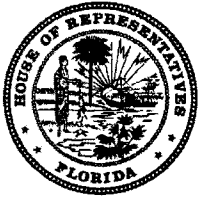
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 233 Meeting Date: 2/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Innovation

Name: Rachel Coalburn Coalburn

Title: _____

Address: 10899 SW 4th St

City: Miami State/Zip: FL 33174

Phone Number: (407) 319-0115

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 233 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Innovation Subcomm: Hee

Name: Molly McKinstry

Title: Dep. Sec. HQA

Address: 2727 Mahan Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-412-3600

Representing: Agency for Health Care Administration

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 885 Meeting Date: 1-19-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Health Innovation Subcommittee

Committee/Subcommittee: _____

Name: Richard Pinsky

Title: _____

Address: 106 E. College Ave. #1200

City: Tallahassee State/Zip: FL

Phone Number: _____

Representing: City of Lake Worth

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 885 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Innovation

Name: Diana Arteaga

Title: Director Govt Relations

Address: 444 SW 2nd Ave, 10th Floor

City: Miami State/Zip: FL

Phone Number: 786-469-1644

Representing: City of Miami

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

*Waive
in
support*