



Health & Human Services Committee

Monday, April 24, 2017
2:00 PM – 5:00 PM
Morris Hall (17 HOB)

Action Packet

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

Summary:

Health & Human Services Committee

Monday April 24, 2017 02:00 pm

HB 1077	Favorable With Committee Substitute	Yeas: 14	Nays: 4
	Amendment 625385 Adopted Without Objection		
CS/CS/HB 1191	Favorable With Committee Substitute	Yeas: 16	Nays: 0
	Amendment 175309 Adopted Without Objection		
PCS for CS/HB 1397	Favorable	Yeas: 14	Nays: 4
HB 7095	Favorable With Committee Substitute	Yeas: 17	Nays: 0
	Amendment 454473 Adopted Without Objection		

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
W. Travis Cummings (Chair)	X		
Thad Altman	X		
Daisy Baez	X		
Lori Berman	X		
Jason Brodeur	X		
Bobby DuBose	X		
Michael Grant	X		
Roy Hardemon	X		
Gayle Harrell	X		
MaryLynn Magar	X		
Ralph Massullo, MD	X		
Alexandra Miller	X		
Cary Pigman	X		
Paul Renner	X		
David Santiago	X		
David Silvers	X		
Frank White	X		
Patricia Williams	X		
Totals:	18	0	0

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

HB 1077 : Trauma Services

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thad Altman	X				
Daisy Baez		X			
Lori Berman		X			
Jason Brodeur	X				
Bobby DuBose		X			
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams		X			
W. Travis Cummings (Chair)	X				
Total Yeas: 14		Total Nays: 4			

HB 1077 Amendments

Amendment 625385

Adopted Without Objection

Appearances:

Bill & Amendment #625385

Ecenia, Steve (Lobbyist) - Proponent

HCA

P.O. Box 551

Tallahassee FL 32302

Phone: (850) 681-6788

Bill & Amendment #625385

Oeters, Phillis (Lobbyist) - Waive In Opposition

Baptist Health South Florida

Vice President

685 S Red Road

Coral Gables FL 33146

Phone: (305) 205-2457

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

HB 1077 : Trauma Services (continued)

Appearances: (continued)

Runk, Paul (Lobbyist) (State Employee) - Waive In Support
Department of Health
Director of Legislative Planning
2585 Merchants Row Blvd
Tallahassee FL 32399
Phone: (850) 245-4006

Ashburn, David (Lobbyist) - Opponent
Florida Hospital Association
Managing Shareholder
101 E College Ave
Tallahassee FL 32301
Phone: (850) 222-6891

Delegal, Mark (Lobbyist) - Opponent
Safety Net Hospital Alliance of Florida
General Counsel
315 S Calhoun St
Tallahassee FL 32301
Phone: (850) 425-5685

Amendment #625385

Shoupe, Clint (Lobbyist) - Waive In Opposition
St Joseph's Hospital
State Gov't Relations Mgr
2985 Drew St
Clearwater FL 33759
Phone: (813) 767-0550

Bax, Christian (State Employee) - Information Only
Department of Health
Director, OCU
4052 Bald Cypress
Tallahassee FL
Phone: (850) 245-4444

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health & Human Services

Bill Number: HB 1097

Meeting Date: 4/24/19

Date Received: _____

Place: Moniz Hall

Date Reported: _____

Time: 2 00 pm

Subject: Trauma Services

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	<i>Struck all 625385</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Altman								
	<input checked="" type="checkbox"/>	Baez								
	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>		Brodeur								
	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>		Grant								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Miller								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Renner								
<input checked="" type="checkbox"/>		Santiago								
<input checked="" type="checkbox"/>		Silvers								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	4									

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

CS/CS/HB 1191 : Medication Synchronization

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thad Altman			X		
Daisy Baez	X				
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 16		Total Nays: 0			

CS/CS/HB 1191 Amendments

Amendment 175309

Adopted Without Objection

Appearances:

Jordan, Matt (Lobbyist) - Waive In Support
 American Cancer Society
 GRD
 1922 Dellwood Dr
 Tallahassee FL 32303
 Phone: (850) 519-2801

Diaz Lyon, Aimee (Lobbyist) - Waive In Support
 Florida Academy of Family Physicians
 119 South Monroe St Ste. 200
 Tallahassee FL 32301
 Phone: (850) 205-9000

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

CS/CS/HB 1191 : Medication Synchronization (continued)

Appearances: (continued)

West, Sally (Lobbyist) (State Employee) - Waive In Support
Walgreens
Regional Director Government Relations
2966 Bayshore Dr
Tallahassee FL 32309
Phone: (850) 210-2461

Thomas, Mary (Lobbyist) - Waive In Support
Florida Medical Association
1430 Piedmont Dr E
Tallahassee FL 32308
Phone: (850) 224-6496

Winn, Stephen (Lobbyist) - Waive In Support
Florida Osteopathic Medical Association
Executive Director
2544 Blairstone Pines Dr
Tallahassee FL 32301
Phone: (850) 878-7364

Labasky, Beth (Lobbyist) - Waive In Support
Alpha One Foundation
Director Gov't Relations
1400 Village Square Blvd Ste. 3-116
Tallahassee FL 32312
Phone: (850) 322-7335

Bill & Amendment
Hansen, Christopher (Lobbyist) - Waive In Support
AstraZeneca PLC
Ballard Partners
403 E Park Ave
Tallahassee FL 32301
Phone: (850) 577-0444

Nuland, Chris (Lobbyist) - Waive In Support
Florida Chapter, American College of Physicians
1000 Riverside Ave. #240
Jacksonville FL 32204
Phone: (904) 233-3051

Barker, Dorene (Lobbyist) - Waive In Support
AARP
Associate State Director
200 W College Ave
Tallahassee FL 32301
Phone: (850) 228-6387

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: **Health & Human Services**

Bill Number: CS/CS/HB 1191

Meeting Date: 4/24/19

Date Received: _____

Place: Morris Hall

Date Reported: _____

Time: 2:00 pm

Subject: Medication Synchronization

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	Amend 175309							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
/		Altman								
✓		Baez	w/							
✓		Berman	g							
✓		Brodeur								
✓		DuBose								
✓		Grant								
✓		Hardemon								
/		Harrell								
✓		Magar								
✓		Massullo								
✓		Miller								
✓		Pigman								
✓		Renner								
✓		Santiago								
✓		Silvers								
✓		White								
✓		Williams								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
16	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

PCS for CS/HB 1397 : Medical Use of Marijuana

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thad Altman	X				
Daisy Baez		X			
Lori Berman		X			
Jason Brodeur	X				
Bobby DuBose		X			
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams		X			
W. Travis Cummings (Chair)	X				
Total Yeas: 14		Total Nays: 4			

Appearances:

Bishop, Barney (Lobbyist) - Proponent
 Florida Smart Justice Alliance
 President & CEO
 204 S Monroe St
 Tallahassee FL 32301
 Phone: (850) 510-9922

Medical Use of Marijuana
 Camacho, Carmella (General Public) - Information Only
 Cannangels on behalf of #TeamLandon
 Biz Owner
 265 Bayshore Dr
 Freeport FL 32439
 Phone: (503) 505-1715

Hightower, John - not present (General Public) - Opponent
 Patients/Self
 2807 Sweetbriar Drive
 Tallahassee FL 32312
 Phone: (850) 519-0363

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

PCS for CS/HB 1397 : Medical Use of Marijuana (continued)

Appearances: (continued)

Rotundo, Louis (Lobbyist) - Proponent

CBSY Inc

302 Pinestraw Circle

Altamonte Springs FL 32714

Phone: (407) 699-9361

Deckerhoff, Dennis (General Public) - Opponent

Patients of Florida; Barrett Deckerhoff

Caregiver/Father

5704 Victor Brown Trail

Tallahassee FL 32303

Phone: (850) 567-0405

Pollara, Benjamin (Lobbyist) - Opponent

Florida for Care

Executive Director

801 Arthur Godfrey Road Ste. 204-A

Miami Beach FL 33140

Phone: (305) 673-2585

Rutherford, Charlie (General Public) - Opponent

13111 Brenwood Trail

Minnetonka MN 55343

Phone: (612) 655-5494

Watson, Ronald (Lobbyist) - Opponent

ALTMEd; Cannavision; SLGT Inc.

Lobbyist

3738 Mundon Way

Tallahassee FL 32309

Phone: (850) 567-1202

Villar, Melissa (General Public) - Opponent

NORML Tallahassee

Executive Director

169 Sinclair Rd

Tallahassee FL 32312

Phone: (850) 284-2090

Mullis, Stephany (General Public) - Opponent

Myself

331 SE Webley Ct

Lake City FL 32035

Phone: (386) 288-2893

Cannella-Krehl, Josephine (General Public) - Opponent

Suffering Patients

Licensed Clinical Social Worker

3784 Wentworth

Tallahassee FL 32311

Phone: (850) 653-6928

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

PCS for CS/HB 1397 : Medical Use of Marijuana (continued)

Appearances: (continued)

Chudnow, Chief Jeffrey (General Public) - Waive In Support

The Florida Police Chiefs Association
Chief of Police
2636 Mitcham Drive
Tallahassee FL 32308
Phone: (850) 219-3631

Rowland, Ethel (General Public) - Waive In Opposition

Florida Cannabis Action Network
President
1375 Cypress Ave
Melbourne FL 32935
Phone: (321) 253-3673

Custin, David (Lobbyist) - Opponent

Eureka Vapor, Inc.; Kaycha Holdings, LLC
Lobbyist
6401 SW 113Th PL
Miami FL 33173
Phone: (305) 607-8576

Stein, Gary (General Public) - Opponent

Self
7035 Belt Linn Loop
Wesley Chapel FL 33545
Phone: (513) 305-8280

Visher, Micheal (General Public) - Opponent

Self; US Cannabis Pharm, Research & Devel.
President
1222 Hillandale Reserve
Tampa FL
Phone: (813) 992-8474

Bambis, Jared - Opponent

Myself
9981 N. Abiaca Circle
Davie FL 33328
Phone: (954) 531-9782

Wilson, Dr. Latresa (General Public) - Proponent

Black Farmers & Agriculture Association
Vice President
3330 NW 2nd Ave
Ocala FL 34478
Phone: (352) 425-5676

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

PCS for CS/HB 1397 : Medical Use of Marijuana (continued)

Appearances: (continued)

Lowrey, Thad (Lobbyist) - Waive In Support

Operation PAR

VP Governmental Relations

7720 Washington St

Port Richey FL 34668

Phone: (727) 992-8508

Bowen, Stephani Scruggs (General Public) - Opponent

Epilepsy Foundation of Florida

608 Paulding Ave

Pensacola FL 32507

Phone: (850) 530-1874

Pitts, Brian - Opponent

Justice-2-Jesus

Trustee

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: 727-897-9291

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: **Health & Human Services**

Bill Number: PCS for CS/HR1397

Meeting Date: 4/24/17

Date Received: _____

Place: Monroe Hall

Date Reported: _____

Time: 2:00 pm

Subject: Medical Use of Marijuana

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	<i>Amend Is Rep Dilute</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Altman								
	<input checked="" type="checkbox"/>	Baez								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>		Brodeur								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>		Grant								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Miller								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Renner								
<input checked="" type="checkbox"/>		Santiago								
<input checked="" type="checkbox"/>		Silvers								
<input checked="" type="checkbox"/>		White								
	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	4									

COMMITTEE MEETING REPORT
Health & Human Services Committee

4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

HB 7095 : Pub. Rec./Medical Marijuana Use Registry

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thad Altman	X				
Daisy Baez			X		
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 17		Total Nays: 0			

HB 7095 Amendments

Amendment 454473

Adopted Without Objection

Appearances:

Bishop, Barney - not present (Lobbyist) - Waive In Support
 Florida Smart Justice Alliance
 President & CEO
 204 S Monroe St
 Tallahassee FL 32301
 Phone: (850) 510-9922

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health & Human Services

Bill Number: HB 9095

Meeting Date: 4/27/17

Date Received: _____

Place: Marion Hall

Date Reported: _____
Subject: Pub. Rec./Medical Marijuana Use Registry

Time: 2:00pm

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	<i>Strike all</i> 454473							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Altman								
<input checked="" type="checkbox"/>		Baez								
<input checked="" type="checkbox"/>		Berman								
<input checked="" type="checkbox"/>		Brodeur								
<input checked="" type="checkbox"/>		DuBose								
<input checked="" type="checkbox"/>		Grant								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Miller								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Renner								
<input checked="" type="checkbox"/>		Santiago								
<input checked="" type="checkbox"/>		Silvers								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>		Williams								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
17	0									



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFO

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/>	Bill	<input checked="" type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>HB 1077</u>		Amendment Number: _____	

Name: Phyllis Oeters

Representing: Baptist Health

Title: Trauma Vice President

Address: 6855 Rod Road

City: Coral Gables, State/Zip: FL 33146

Phone Number: 305-205-2457 Meeting Date: 4/24/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Trauma Regulation

Registered Lobbyist: YES NO

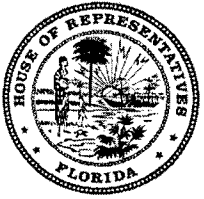
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

2/10

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 1007</u>	
Amendment Number: <u>625385</u>	

Clint Shouppe

Name: Clint Shouppe

Representing: St. Joseph's Hospital

Title: State Licensee Physician

Address: 2985 Drew St

City: Clearwater State/Zip: FL 33759

Phone Number: 813-767-0530 Meeting Date: 4/24/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFO

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1077</u>	
Amendment Number: _____	

Name: Clint Shouppe

Representing: St. Joseph's Hospital

Title: State Government Relations Mgr

Address: 2985 Dow St

City: Clearwater State/Zip: FL 3375

Phone Number: 813-767-0550 Meeting Date: 4/24/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

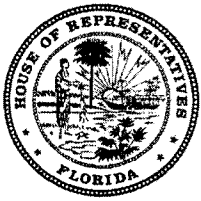
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1077</u>	
Amendment Number: <u>625385</u>	

Name: Mark Delegal

Representing: Safety Net Hospital Alliance of FL

Title: General Counsel

Address: 315 S. Calhoun St., Suite 600

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-425-5685 Meeting Date: 4/24/2017

Committee/Subcommittee: Health & Human Services - House

Presentation/Workshop Topic: TRAUMA

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

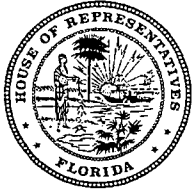
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



80615874



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 1077 : Trauma Services PCB/PCS/Amendment #: N/A

Name: **Ashburn, David**

Representing: **Florida Hospital Association**

Title: **Managing Shareholder**

Address: **101 E College Ave**

City: **Tallahassee** State/Zip: **FL 32301**

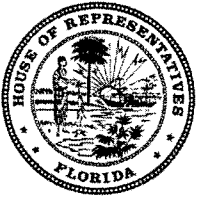
Phone Number: **(850) 222-6891** Meeting Date: **Apr 24 2017 2:00PM**

Committee/Subcommittee: **Health & Human Services Committee**

Presentation/Workshop Topic: **N/A**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Opponent
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1077</u>	
Amendment Number: _____	

Name: Paul Runk

Representing: Dept. of Health

Title: Director of Legislative Planning

Address: 2585 Murchf's Row Blvd.

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-248-4006 Meeting Date: 4-24-17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Trauma Centers

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/>	Bill	<input checked="" type="checkbox"/>	Amendment
Bill/PCS/PCB Number:		1077	
Amendment Number:		625385	

Name: Steve Eceña

Representing: ACA

Title:

Address: P.O. Box 551

City: Tallahassee State/Zip: FL 32302

Phone Number: 850-681-6788 Meeting Date: 4/24/17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic:

Registered Lobbyist: YES NO

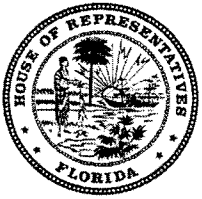
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 1191</u>	
Amendment Number: _____	

Name: Dorene Barker

Representing: AARP

Title: Associate State Director

Address: 200 W College Ave, Ste 304

City: Pal State/Zip: FL 32301

Phone Number: 850-228-6387 Meeting Date: April 24, 2017

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Medication Synchronization

Registered Lobbyist: YES NO

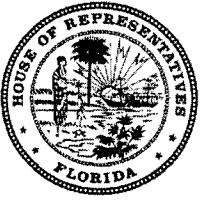
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill/PCS/PCB Number: 1191

Amendment Number: _____

Name: Chris Adland

Representing: Florida Chapter, American College of Physicians

Title: _____

Address: 1000 Riverside Ave #240

City: Tacksonville State/Zip: FL 32204

Phone Number: 904-233-3051 Meeting Date: 4/24/17

Committee/Subcommittee: HHSC

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFS

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1191</u>	
Amendment Number: _____	

Name: Chris Hanson

Representing: AstraZeneca PLC

Title: Ballard Partners

Address: 403 E. Park Ave

City: Tallahassee, FL 32301 State/Zip: _____

Phone Number: 850/577-0444 Meeting Date: 4/24

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1191</u>	
Amendment Number: _____	

Name: BETH LABASKY

Representing: Alpha 1 FOUNDATION

Title: Dir. Govt Relations

Address: 1400 Village Square Blvd Ste 3-116

City: Tallahassee State/Zip: Fla 32312

Phone Number: 850 322 7335 Meeting Date: 4-24-17

Committee/Subcommittee: HEALTH + HUMAN SERVICES

Presentation/Workshop Topic: MEDICATION SYNCHRONIZATION

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE IN SUPPORT OF BILL

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1191</u>	
Amendment Number: _____	

Name: Stephen Winn

Representing: Florida Osteopathic Medical Association

Title: Executive Director

Address: 2544 Blairstone Pines Dr.

City: Tallahassee State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: _____

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Medication Synchronization

Registered Lobbyist: YES NO

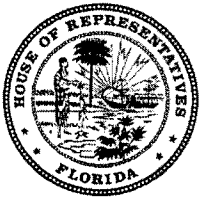
State Employee: YES NO

- I wish to speak Waive in support
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1191</u>	
Amendment Number: _____	

Name: Mary Thomas

Representing: Florida Medical Association

Title: _____

Address: 1430 Piedmont Dr E

City: TLH State/Zip: FL / 32308

Phone Number: 850 224 1649 Meeting Date: 4/24/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1191</u>	
Amendment Number: _____	

Name: Sally West

Representing: Walgreens

Title: Regional Director Gov. Relations

Address: 2966 Bayshore Dr.

City: Tallahassee State/Zip: 32309

Phone Number: 850 210 2461 Meeting Date: 4/24/17

Committee/Subcommittee: Health Care

Presentation/Workshop Topic: Medication Synchronization

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1191</u>	
Amendment Number: _____	

Name: Amee Diaz Lyon

Representing: Florida Academy of Family Physicians

Title: _____

Address: 119 South Monroe Street, Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: _____

Committee/Subcommittee: Health + Human Services Committee

Presentation/Workshop Topic: Medication Synchronization

Registered Lobbyist: YES NO

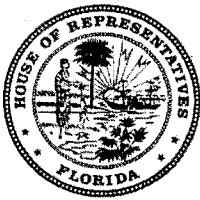
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill/PCS/PCB Number: 1191

Amendment Number: _____

Name: Matt Jordan

Representing: American Cancer Society

Title: GRD

Address: 1922 Dellwood Dr

City: Tallahassee State/Zip: FL 32303

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak wave in support
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

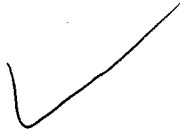
Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Christian Box

Representing: Department of Health

Title: Director, DCU

Address: 4052 Bald Cypress

City: Tallahassee

State/Zip: 32399/FL

Phone Number: _____

Meeting Date: 7/24/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Submitted
400 late

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Hand
on file
PCS ✓

<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: Dr. Lakesha Wilson

Representing: Black Farmers & Agricultural Association

Title: VP

Address: 3335 NW 2nd Ave

City: Ocala State/Zip: FL 34471

Phone Number: 352-425-5272 Meeting Date: 4/24/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Medical Marijuana

Registered Lobbyist: YES NO

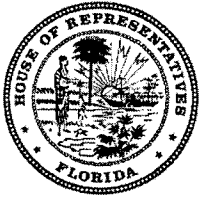
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

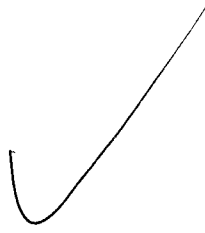
Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Barney Bishop

Representing: Fla. Smart Justice Alliance

Title: Pres & CEO

Address: 204 S. Monroe St.

City: Tall State/Zip: FL 32301

Phone Number: 850.510.9922 Meeting Date: 24 Apr 17

Committee/Subcommittee: Judiciary

Presentation/Workshop Topic: Medical Marijuana

Registered Lobbyist: YES NO

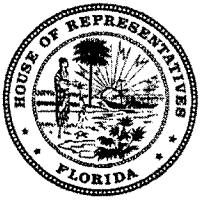
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Melissa Villar

Representing: NORM Tallahassee

Title: Executive Director

Address: 169 Sinclair Rd

City: Tallahassee State/Zip: FL 132312

Phone Number: (850) 284-2090 Meeting Date: _____

Committee/Subcommittee: HHS Committee

Presentation/Workshop Topic: Medical Marijuana 1397

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: THAD LOWREY

Representing: OPERATION PAR

Title: VP GOVERNMENTAL RELATIONS

Address: 7720 WASHINGTON ST.

City: PORT RICHEY State/Zip: 34668

Phone Number: 727-992-8508 Meeting Date: 4-24-17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



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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.

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: 1397 : Medical Use of Marijuana PCB/PCS/Amendment #: N/A

Name: **Carmella Camacho**

Representing: **Cannangels speaking on behalf of #TeamLandon**

Title:

Address: **265 Bayshore Dr**

City: **Freeport** State/Zip: **FL 32439**

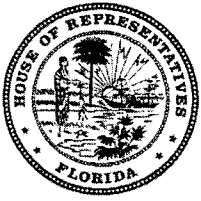
Phone Number: **503.505.1715** Meeting Date: **April 24, 2017 2:00 PM**

Committee/Subcommittee: **Health & Human Services Committee**

Presentation/Workshop Topic: **Medical Use of Marijuana**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Info Only
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Stephany Mullis

Representing: myself

Title: _____

Address: 331 SE WEBLEY CT.

City: LAKE CITY State/Zip: FL. 37025

Phone Number: (386) 288-2893 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

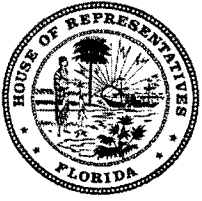
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>PCS1397</u>	
Amendment Number: _____	

Name: Ron Watson

Representing: AltMed, Cannavision + SHGT Inc.

Title: Lobbyist

Address: 3738 Murdon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 4/24/17

Committee/Subcommittee: House HHS

Presentation/Workshop Topic: Amendment 2 implementation

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>PCS 1397</u>	
Amendment Number: _____	

Name: Louis Rotundo

Representing: CBSY inc

Title: _____

Address: 302 Pinestraw Creek

City: Altamonte Springs State/Zip: 32714

Phone Number: 407-699-9361 Meeting Date: 4/24/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Medical Cannabis

Registered Lobbyist: YES NO

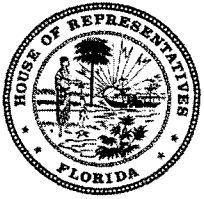
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Ben Pollara

Representing: ~~Executive Director~~ Florida For Care

Title: Executive Director

Address: 801 Arthur Godfrey Rd, Suite 204-A

City: Miami Beach State/Zip: FL 33140

Phone Number: 305-673-2685 Meeting Date: 4/24/17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: Medical Marijuana

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: CHARLIE RUTHERFORD

Representing: _____

Title: _____

Address: 13111 BREWOOD TRL

City: MINNETONKA State/Zip: MN 55343

Phone Number: 612.655.5494 Meeting Date: 4.24.17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Josephine Cannella-Krehl

Representing: Suffering Patients

Title: Licensed Clinical Social Work

Address: 3784 Wentworth

City: Tall State/Zip: FL 32311

Phone Number: 850-653-6928 Meeting Date: 4/24/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Medical Cannabis

Registered Lobbyist: YES NO

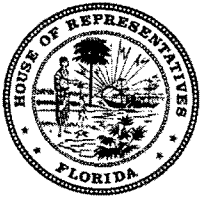
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WLS

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Chief Jeffrey Chudnow

Representing: The Florida Police Chiefs Association

Title: Chief of Police

Address: 2636 Mitcham Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-219-3631 Meeting Date: April 24, 2017

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill/PCS/PCB Number: PCS 1397

Amendment Number: ~~1006 (ACS)~~

Name: David Custin

Representing: EUREKA VAPORS INC; AND KAYCHA HOLDINGS, LLC

Title: Lobbyist / President, David R. Custin & Associates, Inc.

Address: 6401 SW 113 PL

City: Miami

State/Zip: FL 33173

Phone Number: 305-607-8596

Meeting Date: 04/24/2017

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: JARED BAMBISI

Representing: MYSELF

Title: Mr.

Address: 9981 N. Abigail Circle

City: Davie State/Zip: FL/33328

Phone Number: (954) 531-9782 Meeting Date: 04/24/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: GARY STEIN

Representing: SELF

Title: _____

Address: 7035 BELT LANE LOOP

City: WESLEY CHURCH State/Zip: FL

Phone Number: (513) 305-8280 Meeting Date: 9/24

Committee/Subcommittee: HRS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

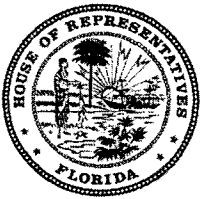
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/O

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Ethel Rowland

Representing: Florida Cannabis Action Network

Title: President

Address: 1375 Cypress Ave

City: Melbourne State/Zip: FL 32935

Phone Number: 321-253-3073 Meeting Date: 4-24-2017

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>PCS/PCB 1397</u>	
Amendment Number: _____	

Name: DENNIS DECKERHOFF

Representing: BARRETT DECKERHOFF + PATIENTS OF FLORIDA

Title: FATHER / CAREGIVER

Address: 5704 VICTOR BROWN TRAIL

City: TALL. State/Zip: FL.

Phone Number: 850-567-0405 Meeting Date: 4/24/17

Committee/Subcommittee: HHSC

Presentation/Workshop Topic: COMPASSIONATE USE

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Michael Visser

Representing: Self / US Cannabis Pharm., Research & Devel.

Title: president

Address: 1222 Hillandale Reserve Dr

City: Tampa State/Zip: FL

Phone Number: 813-992-8474 Meeting Date: 4/29/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1397</u>	
Amendment Number: _____	

Name: Stephani Scruggs Bowen

Representing: Epilepsy Foundation of Florida

Title: _____

Address: 608 Parkling Ave

City: Pensacola

State/Zip: FL 32507

Phone Number: 850-530-1874

Meeting Date: 4-24-2010

Committee/Subcommittee: Health

Presentation/Workshop Topic: Medical Marijuana HB. 1397

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



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

Filed Bill Number: 1397

Meeting Date: 4/24/2017

Fill in appropriate information:

- Amendment #
- PCB/PCS
- Presentation/Workshop Topic

Committee/Subcommittee: HHS

Name: BRIAN PITTS

Title: Trustee

Address: 1119 Newton Avenue South

City: St. Petersburg

State/Zip: FL/33705

Phone Number: 727/897-9291

Representing: Justice-2-Jesus

Registered Lobbyist: Yes No

State Employee: Yes No

I Wish To Speak:

I Have Been Requested To Speak:

Bill	Amendment #
Proponent <input checked="" 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"/>