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**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 1/19/2001  
 2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

**REGISTRANT**

3. Registrant Name Greensberg Traurig, LLP  
 Address 800 Connecticut Avenue, NW Suite 500  
 City Washington State DC Zip 20006  
 4. Principal place of business (if different from line 3)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 5. Telephone number and contact name Contact E-Mail (optional)  
202-331-3103 Howard A. Vline vlineb@gtrlaw.com  
 6. General description of registrant's business or activities  
Law Firm

**CLIENT**

*A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.  Self*

7. Client Name Greater New York Hospital Association  
 Address 555 West 57th Street  
 City New York State NY Zip 10019  
 8. Principal place of business (if different from line 7)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 9. General description of client's business or activities  
Hospital Association

**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Howard Cohen</u>	
<u>Rob Garagiola</u>	
<u>Nancy E. Taylor</u>	
<u>Timothy Trysia</u>	

Registrant Name: Greenberg Traurig  
 Client Name: Greater New York Hospital Association

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

MMM

12. Specific lobbying issues (current and anticipated)

Medicare payments

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or major part plans, supervises, or controls the registrant's lobbying activities?

No. Go to line 14.  Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No. Sign and date the registration.  Yes. Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature Nancy E. Taylor Date 3/15/2001  
 Printed Name and Title Nancy E. Taylor - Shareholder