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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name Holland & Knight LLP			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 2099 Pennsylvania Avenue, NW Suite 100 City Washington State/Zip (or Country) DC 20006			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Michael Gaba			5. Senate ID # 18466-185
Telephone 202-419-2435			E-mail (optional) michael.gaba@hklaw.com
7. Client Name <input type="checkbox"/> Self National Disease Research Interchange			6. House ID # 30825-130

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) **OR** Year End (July 1-

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report >> Termination Date _____ 11. No Lot

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for descriptor</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA def</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>

Michael Gaba
Filing #4f4b263e-6865-488a-a97e-b2773f0cdf01 - Page 1 of 8

Date 2/11/2005

Signature  Date

Printed Name and Title **Michael Gaba - Partner**

Registrant Name: Holland & Knight LLP

Client Name: National Disease Research Interchange

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** provide information as requested. Attach additional page(s) as needed.

- 15. General issue area code HCR (one per page)
- 16. Specific Lobbying issues
NIH funding; responsible use of human tissues for research.

- 17. House(s) of Congress and Federal agencies contacted Check if None
House of Representatives
National Institutes of Health
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Adair, Julie	Legislative Assistant to Congressman Robert Ma
Bauserman, Trent	Legislative Assistant to Congressman Rick Boucl
Gaba, Michael	

- 19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

R. J. O'Malley

Signature *Michael Gaba* Date ---

Printed Name and Title **Michael Gaba - Partner**

Registrant Name: Holland & Knight LLP

Client Name: National Disease Research Interchange

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** provide information as requested. Attach additional page(s) as needed.

- 15. General issue area code MED (one per page)
- 16. Specific Lobbying issues
NIH funding; responsible use of human tissues for research.

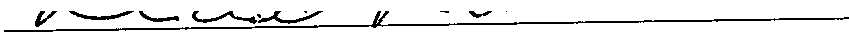
- 17. House(s) of Congress and Federal agencies contacted Check if None
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Gaba, Michael	

- 19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

[Handwritten Signature]

Signature  Date _____

Printed Name and Title **Michael Gaba - Partner**

Signature  Date

Printed Name and Title **Michael Gaba - Partner**