Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 , SECRETARY OF THE 03 MAR 14 AM I

Covered Official Position (if applica

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration \square		Effective Date of Registration					
2. House Identification Number		Senate Identification Number					
REGISTRAN'		17 (1:17 1: 7:	r a				
3. Registrant name	Strategic Heal	th Solutions, Li					
Address	1001 Pennsylvania Avenue, NW Suite 700 North						
City	Washington		State DC	Zip 20004			
4. Principal place of business (if different from City		om line 3)	ne 3) State/Zip (or Country)				
5. Telephone number and contact name (202) 661-7060		Contact Denise	M. Henry	E-mail (optional) dhenry (
-	on of registrant's busines lobbying firm	ss or activities					
-	"Self" and proceed to line 10.		client. Organizations et	mploying in-house lobbyists should ch			
Address 60	8 5th Avenue						
O'4 -	w York		State NY	Zip			
8. Principal place of business (if different fro		om line 7)	State/Zip (o	State/Zip (or Country)			
9. General descripting	ion of client's business on narmaceutical Man	r activities sufacturer					
this section has	s served as a "covered ex	ecutive branch official"	or "covered legisla	nt identified on line 7. If any pe tive branch official" within two which the person served.			

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Name

Denise M. Henry

Sara Franko

Form LD-I (Rev. 06/98)

OBBYING ISSUES 1. General lobbying issue areas. Selec	t all applicable coo	des listed in instruction	ons and on the rev	erse side of Form LD-		
HCR						
2. Specific lobbying issues (current an	d anticipated)					
onitor and lobby on health	care reform	legislation				
FFILIATED ORGANIZA . Is there an entity other than the class a semiannual period and in whole	lient that contrib	utes more than \$10 t plans, supervises	,000 to the lobb or controls the r	ying activities of the egistrant's lobbying		
No ⇒ Go to line 14.		Yes Complete the rest of this section for each entity the criteria above, then proceed to line 14.				
Name		Address		Principal Place of Bu (city and state or co		
OREIGN ENTITIES 4. Is there any foreign entity that:						
 a) holds at least 20% equipole b) directly or indirectly, in activities of the client c) is an affiliate of the client of the lobbying activity 	n whole or in ma or any organizat ent or any organ	ijor part, plans, sup ion identified on li	ervises, controlene 13; or	s, directs, finances o		
No ⇒ Sign and date the reg	n	Yes Complete the rest of this section for ematching the criteria above, then sign registration.				
Name	Address	bus	al place of siness ate or country)	Amount of contribution for lobbying activities		

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Form LD-1 (Rev. 06/98)