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02 MAR -1 PM 4: 54

LOBBYING REPORT

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

1. Registrant Name Florida Hospital Association, Inc.			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 306 East College Avenue, Tallahassee, FL 32301			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Kathleen M. Whyte	Telephone 850/222-9800	E-mail (optional) kathyw@fha.org	5. Senate ID # 14917-12
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #		

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Lobbying Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:
Less than \$10,000
\$10,000 or more ⇒ \$ _____
Income (nearest \$20,000)
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).

13. Organizations
EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000
\$10,000 or more ⇒ \$ 240,000.00
Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.
 Method A. Reporting amounts using LDA definition
 Method B. Reporting amounts under section 6033(c) Internal Revenue Code
 Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature _____

Printed Name and Title _____



Florida Hospital

Registrant Name Assn., Inc. Client Name Self

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

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Legislation to expand health care coverage and access, includ S572/HR874, S776/HR1604, S582/HR1143; and medical emergency reimbursement (S169, HR519, HR823), as well as hospital disas readiness (S1765/HR3448, HR3338).

17. House(s) of Congress and Federal agencies contacted Check if None

House and Senate
Dept. of Health & Human Services/Health Care Financing Admini
White House Office of Health Policy

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

Table with 2 columns: Name, Covered Official Position (if applicable). Rows include Wayne NeSmith, Charles F. Pierce, Jr., Kathleen M. Whyte, Kathryn A. Reep.

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

Signature _____ Date _____

Printed Name and Title _____



Florida Hospital

Registrant Name Assn., Inc. Client Name Self

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

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Medicare and Medicaid reimbursement issues, including S885/HR16 S839/HR1556, S706/HR1436, S1745/HR3350.

17. House(s) of Congress and Federal agencies contacted Check if None

House and Senate
Dept. of Health & Human Services/Health Care Financing Administ
White House Office of Health Policy

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

Name	Covered Official Position (if applicable)
Wayne NeSmith	Pres., Florida Hospital Assn.
Charles F. Pierce, Jr.	Pres.-Emeritus Florida Hospital Assn. Reg. Of:
Kathleen M. Whyte	SVP/Federal Relations, Fla. Ho: As:
Kathryn A. Reep	VP/Financial Services, Fla. Ho: As:

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

Signature _____ Date _____

Printed Name and Title _____



Florida Hospital

Registrant Name Assn., Inc.

Client Name Self

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

306 East College Avenue, Tallahassee, FL 32301

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

**Carol J. Gormley
Richelle Hayes**

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

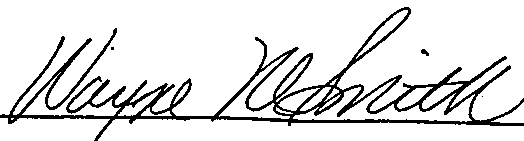
FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owns percent client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature



Date **2/14/02**

Printed Name and Title

Wayne NeSmith, President

