

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
COMMISSIONER

LOBBYING REPORT

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

1. Registrant Name Holland & Knight LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 2099 Pennsylvania Avenue, N.W. Suite 100 Washington, D.C. 20006-6801			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Michael M. Gaba	Telephone 202-419-2435	E-mail (optional) mgaba@hklaw.com	5. Senate ID 18466
7. Client Name <input type="checkbox"/> Self Dermagraft Joint Venture			6. House ID 30825

TYPE OF REPORT 8. Year 2002 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

INCOME OR EXPENSES – Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organization
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small> 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).	EXPENSES relating to lobbying activities for the reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small> 14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description. <input type="checkbox"/> Method A. Reporting amounts using LDA de <input type="checkbox"/> Method B. Reporting amounts under section 162(e) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Michael M. Gaba

Printed Name and Title Michael M. Gaba, Esq.

Registrant Name Holland & Knight LLP Client Name Dermagraft Joint Venture

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

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

16. Specific lobbying issues: Medicare coverage and reimbursement

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

House of Representatives
Senate
Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Michael M. Gaba	
Richard Gold	
Janet Studley	

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

Smith & Nephew ple is a 50 % owner of the client and is interested in the commercial viability of its U.S. in

Signature *Michael M. Gaba* Date 8/6/07

Printed Name and Title Michael M. Gaba, Esq.

Registrant Name Holland & Knight LLPClient Name Dermagraft Joint Venture**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

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

City

State/Zip (or County)

LOBBYIST UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client**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 E (city and state or c

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	Owners i

28. Name of each previously reported foreign entity that **no longer** owned, **or** controls, **or** is affiliated with the registra
affiliated organization

Signature



Date

8/6/02Printed Name and Title Michael M. Gaba, Esq.

WAS1 #952966 v2

