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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

05 FEB 15 A

Check if this is an Amended Registration

1. Effective Date of Registration January 1, 200

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant Name McDermott Will & Emery LLP

Address 600 13th Street, NW

City Washington

State DC

Zip 20005-3096

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 756-8024

Contact Karen S. Sealander

E-mail (optional)

ksealander@mwe.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. Organization: employing in-house lobbyists should box labeled "Self" and proceed to line 10.* *Self*

7. Client Name Arnold Palmer Hospital for Children & Women

Address 92 West Miller Street

City Orlando

State FL

Zip 32806-2036

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

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 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 the client, *state the executive and/or legislative position(s) in which they served.*

Name	Covered Official Position (if applicable)
Karen S. Sealander, Counsel	
Maggie A. Mitchell, Associate Legislative Director	

WDC99 1042393-1.032036.0010

Registrant Name McDermott Will & Emery LLPClient Name Arnold Palmer Hospital for Children & Wor**LOBBYING ISSUES**

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

MMMHCR

12. Specific lobbying issues (current and anticipated)

Access to high risk obstetrical and neonatal services

AFFILIATED ORGANIZATIONS13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the regi
semianual period and in whole or in 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 1
above, then proceed to line 14.

Name	Address	Principal Place of Busin (city and state or count

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 a
 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 outc
 lobbying activity?

 No ⇒ Sign and date the registration. Yes ⇓ Complete the rest of this section for e
matching the criteria above, then sign an
registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ow perce c

Signature Karen S. SealanderDate February 14, 2005Printed Name and Title Karen S. Sealander, Counsel

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