**Notice Pursuant to**

**Section 394.90825, Florida Statutes**

I, the undersigned, serve as a Director on the Board of Directors of SFBHN, and/or on a related committee of the Board.

I have reviewed the agenda for the upcoming **Executive Committee** scheduled for **August 13, 2025** and have determined that I do \_\_\_\_\_ / do not \_\_\_\_\_ have a conflict of interest as defined under Section 394.90825, Florida Statutes and included in the Conflict of Interest (Exhibit A) of the SFBHN Bylaws (see attached language from Exhibit A).

If you have a conflict, please use the space below to list your conflict(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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A new law, Section 394.90825, Florida Statutes, which became effective July 1, 2021, requires that I disclose to SFBHN any contract(s) or relationships that may reasonably be construed as a statutory conflict of interest under such new law. This document satisfies such disclosure required by Section 394.90825, Florida Statutes. Please acknowledge receipt and return a copy to me.

Name:

Title:

Date:

SOUTH FLORIDA BEHAVIORAL HEALTH NETWORK, INC. acknowledges receipt of the above notice.

Name:

Title:

Date: