



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for **each** project presented.)

Project Name Acquire Additional DaVinci Robot	Number 6075HS
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(Please type or print legibly.)

Name of Representative Kate Knox	Title Director, Finance
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Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) CoxHealth	Telephone Number 417-269-6453
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Address (Street/City/State/Zip Code) 3850 S. National Ave. Springfield, Mo 65807

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented CoxHealth	Telephone Number 417-269-7438
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Address (Street/City/State/Zip Code) 1423 N. Jefferson Ave. Springfield, Mo 65802
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Check one. Do you:

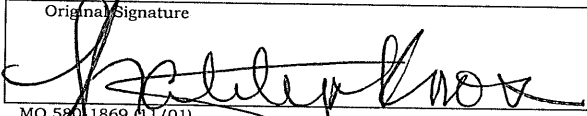
- Support
- Oppose
- Neutral

Relationship to Project:

- None
- Employee
- Legal Counsel
- Consultant
- Lobbyist
- Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.

Original Signature 	Date 4/22/2024
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