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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 09/07/2005

2. House Identification Number 31255

Senate Identification Number

REGISTRANT

3. Registrant name Powell Goldstein, LLP

Address 901 New York Avenue, NW Third Floor

City Washington State DC Zip 20001 USA

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

City State Zip

5. Telephone number and contact name

(202) 624-3976 Contact Ms. Cynthia E. Berry E-mail cberry@pogolaw.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. ***Organizations employing in-house lobbyists*** *should check the box labeled "Self" and proceed to line 10.* ☐ *Self*

7. Client name Memorial Hospital at Gulfport

Address 4500 Thirteenth St., PO Box 1810

City Gulfport State MS Zip 39502-1810 USA

8. Principal place of business (if different than line 7)

City State Zip

9. General description of client's business or activities

public 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 person listed section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first a a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name		Covered Official Position (if applicable)
Cynthia	Berry	
Charles	Luband	
Barbara	Eyman	
Larry	Gage	

Registrant Name Powell Goldstein, LLP Client Name Memorial Hospital at Gulfport

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

HCR BUD MMM

12. Specific lobbying issues (current and anticipated)

1. emergengy hurricane relief funding
2. revisions to Medicaid policy
3. Medicare reimbursement

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semiannual 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 the criteria above, then proceed to line 14.

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

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 activiti 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 outcome of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes⇨ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owne percer in cli

Signature Cynthia E Berry Date 10/14/05

Printed Name and Title Cynthia E. Berry, Partner