HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL. (808) 587-0460 FAX (808) 587-0470
email. ethics@hawaiiethics.org
Web site www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

NOTE: This is a public document.

'13 JAN 31 P4:05

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) Matsunaga	(First) Matthew	(Middle) M	TELEPHONE 808-523-6061
MAILING ADDRESS (Street) 745 Fort Street, Suite 1500			FAX 808-523-6030 EMAIL mmatsunaga@schlackito.com
(City) Honolulu	(State) HI		(Zip Code) 96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Schlack Ito			TELEPHONE 808-523-6040
MAILING ADDRESS (Street) 745 Fort Street, Suite 1500			FAX 808-523-6030 EMAIL
(City) Honolulu	(State) HI		(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Automated HealthCare Solutions		TELEPHONE 954-874-4613
MAILING ADDRESS (Street) 2901 SW 149th Avenue, Suite 400		FAX EMAIL
(City) Miramar	(State) FL	(Zip Code) 33027
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE 954-874-4613
MAILING ADDRESS (Street) 2901 SW 149th Avenue, Suite 400		FAX EMAIL
(City) Miramar	(State) FL	(Zip Code) 33027

REC'D BY HAND DELIVERY

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Matthew Matsunaga — 1/31/13

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Randy M. Goldberg, Esquire

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: Chief Legal Counsel

NAME OF ORGANIZATION (if applicable): Automated HealthCare Solutions

TELEPHONE:

MAILING ADDRESS (Street): 2901 SW 149th Avenue, Suite 400

FAX:

EMAIL:

(City)	(State)	(Zip Code)
Miramar	FL	33027

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned

(Signature of Authorizing Officer or Person Represented) — 1/31/13 (Date)