



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1825		DATE: 1/30/2024	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NIKKI STRONG		PHONE NUMBER: 573-893-2060	
REPRESENTING: MISSOURI HEALTH CARE ASSOCIATION		TITLE:	
ADDRESS: 236 METRO DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 1/30/2024 11:39 PM
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I am Opposed to this Bill. This a very bad move as we NEED these assurances and Inspections by the Missouri Department of Public Health and Seniors and the Missouri State Fire Marshals Office.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NICOLE LYNCH		PHONE NUMBER: 636-699-2814	
REPRESENTING: VOYCE		TITLE:	
ADDRESS: 8050 WATSON ROAD, SUITE 155			
CITY: ST LOUIS		STATE: MO	ZIP: 63119
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2024 12:00 AM	
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