NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

(SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?
☑ New Registration  ❑ Change to Profile  ❑ Renewal

To which fiscal year does this form apply? 20 21

LOBBYIST:
OWEN WILLIAM BRUCE

Last Name First Name Middle

4270 CROSSLAND DRIVE CUMMING, GA 30040

Mailing Address
Bill.Owen@Trevena-US.com

Email Address
(770) 712-1198 (770) 712-1198

Office Number Cell Number

SYNEOS HEALTH / TREVENA
Lobbying Firm on behalf of which lobbyist is representing principal (if any)

500 ATRIUM DRIVE SOMERSET, NJ 08873

Lobbying Firm's Mailing Address
(508) 254-4049

Telephone Number

Do you have any direct or indirect business association, partnership, or financial relationship or live in the same household with or are related to any Broward Health Board Member, Board Committee Member, employee, or agent?
☑ No ❑ Yes. State with whom and explain:


Have you ever been an employee of Broward Health?  ☑ No  ❑ Yes,

Title

Date of Employment    Date of Separation

Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?
☑ No ❑ Yes,

Date of Service    Date of Separation

OATH

I do solemnly swear that all the foregoing facts are true and correct.

Original Signature of Lobbyist

Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1

Principal Name Randy Scheid

Principal Mailing Address

500 ATRIUM DRIVE

SOMERSET, NJ 08873

(508) 254-4049

Principal Telephone Number

AREAS OF INTEREST/GENERAL & SPECIFIC SUBJECT MATTER

PRINCIPAL #2

Principal Name

Principal Mailing Address

Principal Telephone Number

AREAS OF INTEREST/GENERAL & SPECIFIC SUBJECT MATTER

PRINCIPAL #3

Principal Name

Principal Mailing Address

Principal Telephone Number

AREAS OF INTEREST/GENERAL & SPECIFIC SUBJECT MATTER

STATE OF FLORIDA

COUNTY OF

Sworn to (or affirmed) and subscribed before me this 22nd day of February 2021 by William Brown

Hannah Gibb

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced

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Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar year if the renewal form submitted by this lobbyist indicates "yes" to renew for the next year. Cancellation of a lobbyist's registration by the principal must be provided by written notice. Cancellation forms can be found at www.browardhealth.org

Randy Scheid
Principal Name

William Owen
Lobbyist's Name

Pharmaceuticals
Description of Principal's Main Business

[Signature]
Signature of Principal or Principal's Representative

Randy Scheid
Print Principal Name / Principal's Representative

National Business Director
Print Title of Principal / Principal's Representative

2/9/21
Date

Attach this authorization to your registration form.