



# 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 \_\_\_\_\_

**LOBBYIST:**

Last Name: LABBAN    First Name: ALAN    Middle: BRIGGS  
 Mailing Address: 10402 SHADOWLAWN DR RALEIGH NC 27614  
 Email Address: ALAN.LABBAN@SYNEDSHEALTH.COM  
 Office Number: (\_\_\_\_) \_\_\_\_\_    Cell Number: (336) 906.6885

Lobbying Firm on behalf of which lobbyist is representing principal (if any) \_\_\_\_\_

Lobbying Firm's Mailing Address \_\_\_\_\_  
 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 \_\_\_\_\_

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

**PRINCIPAL #1** \_\_\_\_\_  
Principal Name

Principal Mailing Address \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
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~~ NC  
COUNTY OF WAKE

Sworn to (or affirmed) and subscribed before me this 26 day of

July, 2022 by Alan Briggs Labban

(Signature of Notary Public - State of Florida) NC

Felix M. Dobre  
\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

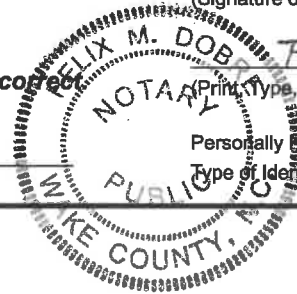
Personally known \_\_\_\_\_ OR Produced Identification NC Driver's License  
Type of Identification Produced NC Driver's License

## OATH

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

*[Handwritten Signature]*

Original Signature of Lobbyist



## 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](http://www.browardhealth.org)

Syneos Health/Jodi Finkel

Principal Name

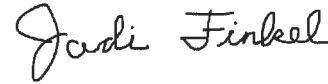
hereby authorizes

Alan Briggs Labban

Lobbyist's Name

Engagement Center for Sales Representatives

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Jodi Finkel Syneos Health

Print Principal Name / Principal's Representative

Print Title of Principal / Principal's Representative

7/27/2022

Date

**Attach this authorization to your registration form.**