



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:

LAUCLAN Alix _____
 Last Name First Name Middle
1150 LOWRY STREET, DELRAY BEACH, FL 33483
 Mailing Address
alixlauchlan1@gmail.com
 Email Address
(404) 452-4586 (404) 452-4586
 Office Number Cell Number

SYNEOS HEALTH
 Lobbying Firm on behalf of which lobbyist is representing principal (if any)
500 ATRIUM DRIVE, SOMERSET NJ, 08876
 Lobbying Firm's Mailing Address
(919) 876-9300
 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.

Alix Lauchlan
 Original Signature of Lobbyist

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

PRINCIPAL #1 SYNEOS HEALTH
 Principal Name
500 ATRIUM DRIVE
 Principal Mailing Address
SOMERSET, NJ, 08876
(919) 876-9300
 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 Deer Beach
COUNTY OF _____ *By myself*

Sworn to (or affirmed) and subscribed before me this 18th day of July, 2022 by Alix Lauchlan

 (Signature of Notary Public--State of Florida)
Thomas A Sheehan

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


 THOMAS A SHEEHAN
 Commission # GG 925470
 Expires December 7, 2023
 Bonded Thru Budget Notary Services

Personally Known _____ OR Produced Identification x
 Type of Identification Produced A DL

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

SYNCOX HEALTH hereby authorizes ALIX L. LAUCHLAN
Principal Name Lobbyist's Name

PHARMACEUTICAL COMPANY
Description of Principal's Main Business

X [Signature]
Signature of Principal or Principal's Representative

X Michael Brown
Print Principal Name / Principal's Representative

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

X 07/08/2022
Date

Attach this authorization to your registration form.