



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 22

LOBBYIST:

GARG Last Name AMIT First Name Middle

158 BLANDON LANE Mailing Address

AMIT.GARG@immuvuore.com Email Address

(805) 775 2285 Office Number Cell Number

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

500 Arrium Drive Somerset, NJ 08873 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 _____

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 Syneoshealth Principal Name

500 Arrium Drive Somerset, NJ 08873 Principal Mailing Address

(866) 462-7373 Principal Telephone Number

Pharmaceutical 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 PAIM BEACH COUNTY OF

Sworn to (or affirmed) and subscribed before me this 30 day of

JUNE 2022 by AMIT GARG

 (Signature of Notary Public--State of Florida)



 NOTARY PUBLIC
 STATE OF FLORIDA

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

Comm# GG329534
 Expires 5/1/2023

Personally Known _____ OR Produced Identification

Type of Identification Produced FLD

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

DAVID PECKMAN

Principal Name

hereby authorizes

AMIT GARG

Lobbyist's Name

BIOTECH EDUCATION & PROMOTION

Description of Principal's Main Business

[Signature]

Signature of Principal or Principal's Representative

DAVID PECKMAN

Print Principal Name / Principal's Representative

NATIONAL BUSINESS DIRECTOR

Print Title of Principal / Principal's Representative

6/30/22

Date

Attach this authorization to your registration form.