



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:

Bronstein David Michael
Last Name First Name Middle

2753 Newbern Drive West Blacklick,
Mailing Address OH 43004

David.Bronstein@syneoshealth.com
Email Address

(989) 483-2209 ext. 5013 (913) 323-7591
Office Number # Cell Number

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 OHIO
COUNTY OF Franklin

Sworn to (or affirmed) and subscribed before me this June, 2022 by David Bronstein day of

Kim Maneely
(Signature of Notary Public—State of Florida)

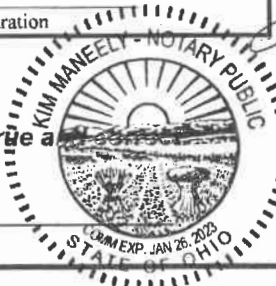
David Bronstein
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification OH DL VE 286302
Type of Identification Produced OH DL

OATH

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

David Bronstein
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

Syneos Health hereby authorizes David Bronstein
Principal Name Lobbyist's Name

Pharmaceutical Company
Description of Principal's Main Business

Bari Jo Davis
Signature of Principal or Principal's Representative

Bari Jo Davis
Print Principal Name / Principal's Representative

Sales Manager
Print Title of Principal / Principal's Representative

6-15-2022
Date

Attach this authorization to your registration form.