



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:

Montgomery Elizabeth L
Last Name First Name Middle

104 Lyle Lane, Nashville, TN 37210
Mailing Address

elizabeth.montgomery@syncoshealth.com
Email Address

(888) 905-0228 (770) 791-2597
Office Number Cell Number

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

Syncos Health 500 Atrium Dr. Somerset, NJ
Lobbying Firm's Mailing Address

919, 874-9300 08876
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.

Elizbeth Montgomery
Original Signature of Lobbyist

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

PRINCIPAL #1 Syncos Health
Principal Name

500 Atrium Drive Somerset, NJ 08876
Principal Mailing Address

919, 874-9300
Principal Telephone Number

Pharmaceuticals
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

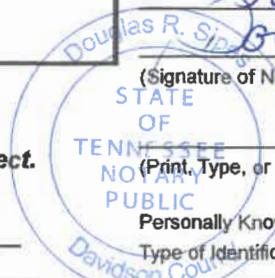
Principal Mailing Address _____

(_____) _____
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter _____

STATE OF FLORIDA Davidson, Tennessee
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this 29 day of June 2022 by Elizabeth Montgomery



Douglas R. Sipes
(Signature of Notary Public—State of Florida)

Commission Expires
March 03, 2025

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

Personally Known _____ OR Produced Identification TN DL
Type of Identification Produced TN Drivers License

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
Principal Name

hereby authorizes

Elizabeth Montgomery
Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business



Signature of Principal or Principal's Representative
Keith Miller

Print Principal Name / Principal's Representative
Digital Sales Manager

Print Title of Principal / Principal's Representative
6/30/2022

Date

Attach this authorization to your registration form.