



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:

mark Last Name Gallo First Name S Middle

933 NE 99th St Miami Shores, FL 33138 Mailing Address

mark.gallo@syneoshealth.com Email Address

305 491-2876 Office Number 305 491-2876 Cell Number

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

933 NE 99th St. Miami Shores, FL 33138 Lobbying Firm's Mailing Address

305 491-2876 Telephone Number

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.

[Handwritten Signature]

Original Signature of Lobbyist

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 _____

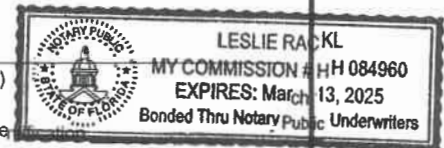
STATE OF FLORIDA COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this June day of 2022 by Mark Gallo

Leslie Rackl (Signature of Notary Public—State of Florida)

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

Personally Known OR Produced Ident. _____ Type of Identification Produced _____



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

Mark Gallo

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

[Handwritten Signature]

Signature of Principal or Principal's Representative

Mark Gallo

Print Principal Name / Principal's Representative

Acute Care Business Mgr

Print Title of Principal / Principal's Representative

6/22/22

Date

Attach this authorization to your registration form.