



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:

CASTANO HUGO M
 Last Name First Name Middle

16118 SW 61 LN
Mailing Address

hugomcastano@gmail.com
Email Address

() 305 926 4808
 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

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 Syneos Healthcare
 Principal Name

16118 SW 61 LN
 Principal Mailing Address

MIAMI FL 33193
 Principal Telephone Number

305 926-4808 Healthcare / Pharmaceuticals
 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

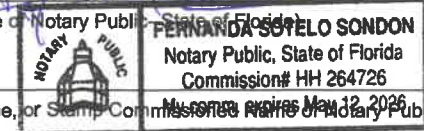
()
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 16th day of August, 2022 by Hugo M. Castano

(Signature of Notary Public, State of Florida)



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

Personally Known _____ OR Produced Identification _____
 Type of Identification Produced Florida Driver License