



# 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:**

Hammond                      Jessie                      Alathea  
 Last Name                      First Name                      Middle  
9568 Boca Gardens Parkway #A  
 Mailing Address                      Boca Raton, FL 33496  
~~jessie.hammond@~~ J.Alathea@gmail.com  
 Email Address  
(561) 289-9041                      (561) 289-9041  
 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 Health  
 Principal Name  
1030 Sync Street  
 Principal Mailing Address  
Morrisville, NC 27560  
(919) 876-9300  
 Principal Telephone Number  
Flu Vaccines  
 Areas of Interest/General & Specific Subject Matter

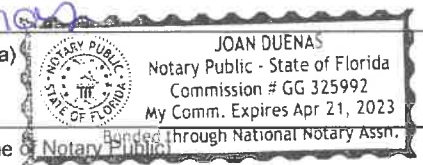
**PRINCIPAL #2**                      \_\_\_\_\_  
 Principal Name  
 \_\_\_\_\_  
 Principal Mailing Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Principal Telephone Number  
 \_\_\_\_\_  
 Areas of Interest/General & Specific Subject Matter

**PRINCIPAL #3**                      \_\_\_\_\_  
 Principal Name  
 \_\_\_\_\_  
 Principal Mailing Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Principal Telephone Number  
 \_\_\_\_\_  
 Areas of Interest/General & Specific Subject Matter

**STATE OF FLORIDA**

**COUNTY OF** Palm Beach  
 Sworn to (or affirmed) and subscribed before me this 22 day of  
June, 20 22 by Jessie Hammond

\_\_\_\_\_  
 (Signature of Notary Public--State of Florida)  
Joan Duenas  
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known \_\_\_\_\_ OR Produced Identification   
 Type of Identification Produced Florida Drivers

## 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](http://www.browardhealth.org)

Syneos Health

Principal Name

hereby authorizes

Jessie A Hammond

Lobbyist's Name

Pharmaceutical Company

Description of Principal's Main Business

Martha K. Crowder

Signature of Principal or Principal's Representative

Martha K. Crowder

Print Principal Name / Principal's Representative

Field Talent Manager

Print Title of Principal / Principal's Representative

Date

6/21/22

Attach this authorization to your registration form.