



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:

Last Name: Race First Name: Joan Middle: Marie
 Mailing Address: 5438 5th Fairway Pr. Hollywood, SC
 Email Address: jrace@medunika.com 29449
 Office Number: 843, 991-5005 Cell Number: 843, 991-5005

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.

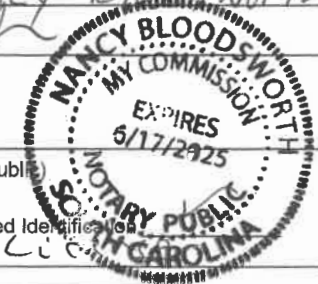
PRINCIPAL #1 Syneos Health
 Principal Name: 1030 Sync Street
 Principal Mailing Address: Morrisville, NC 27560
 Principal Telephone Number: (919) 876-9300
 Areas of Interest/General & Specific Subject Matter: Biopharmaceutical Solutions Organization

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 South Carolina
 COUNTY OF Charleston
 Sworn to (or affirmed) and subscribed before me this 14th day of June, 2022 by Nancy Bloodworth
Nancy Bloodworth
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public) _____
 Personally Known OR Produced Identification
 Type of Identification Produced Printers Lic



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

Joan Race
Lobbyist's Name

Biopharmaceutical
solutions organization
Description of Principal's Main Business

[Signature]
Signature of Principal or Principal's Representative

Eric Bariker
Print Principal Name / Principal's Representative

National Sales Manager
Print Title of Principal / Principal's Representative

6/14/22
Date

Attach this authorization to your registration form.