



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 22-23

LOBBYIST:
 Last Name GOMEZ First Name MIGUEL Middle _____
 Mailing Address 18614 SW 47th Miramar, FL 33025
 Email Address MIGUEL.GOMEZ@SYNEOSHEALTH.COM
 Office Number (954) 494-7166 Cell Number (954) 494-7166

SYNEOS HEALTH
 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.

[Signature]
 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
 Principal Mailing Address _____
 Principal Telephone Number _____
 Areas of Interest/General & Specific Subject Matter OTC PRODUCTS

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 Broward
 COUNTY OF _____
 Sworn to (or affirmed) and subscribed before me this 3rd day of August 2022 by Miguel Gomez

[Signature]
 (Signature of Notary Public, State of Florida) **CARLOS E. GUADAMOS**
 Notary Public, State of Florida
 Commission# GG 304699
 My Comm. Expires Feb 21, 2023
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification
 Type of Identification Produced FDL


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

Weston Nickerson hereby authorizes Miguel Gomez
Principal Name Lobbyist's Name

Pharmaceuticals
Description of Principal's Main Business


Signature of Principal or Principal's Representative

Weston Nickerson
Print Principal Name / Principal's Representative

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

8/19/22
Date

Attach this authorization to your registration form.