



# 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:**

HOYT Last Name    ROSEMARIE First Name    \_\_\_\_\_ Middle  
316 Summer Ct Sellersville Pa 18960 Mailing Address  
Rose Hoyt @ syneoshealth.com Email Address  
(906) 404-1975 x 91464 Office Number    (610) 470-7387 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.**

Rosemarie Hoyt  
 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  
500 ATRIUM Dr Principal Mailing Address  
Somerset NJ 08873  
(906) 404-1875 Principal Telephone Number    syneos health  
contract sales Areas of Interest/General & Specific Subject Matter

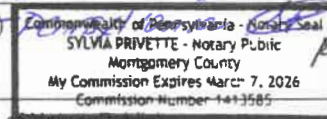
**PRINCIPAL #2** \_\_\_\_\_ Principal Name  
 \_\_\_\_\_ Principal Mailing Address  
 \_\_\_\_\_ Principal Telephone Number  
 \_\_\_\_\_ Areas of Interest/General & Specific Subject Matter

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

STATE OF FLORIDA - Pennsylvania  
 COUNTY OF Montgomery

Sworn to (or affirmed) and subscribed before me this 12th day of September, 2022 by Rosemarie Hoyt

Sylvia Privette (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 Pennsylvania Drivers License

## 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)

Syneus health

Principal Name

hereby authorizes

Rosemarie Hoyt

Lobbyist's Name

contract sales

Description of Principal's Main Business

Rosemarie Hoyt

Signature of Principal or Principal's Representative

Rosemarie Hoyt

Print Principal Name / Principal's Representative

Virtual Sales Specialist

Print Title of Principal / Principal's Representative

7/7/2022

Date

Attach this authorization to your registration form.