



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:
 Hamilton Shawn F.
 Last Name First Name Middle
 15822 Bent Creek Rd. Wellington, FL 33414
 Mailing Address
 Shamilton@acorda.com
 Email Address
 () Office Number 203, 586-9188 Cell Number

Syneas Health
 Lobbying Firm on behalf of which lobbyist is representing principal (if any)
 500 Atatum Drive, Somerset, NS 09976
 Lobbying Firm's Mailing Address
 (919) 876-9300
 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.

Shawn F. Hamilton
 Original Signature of Lobbyist

Provide the names, business address, telephone number and area of interest of each principal represented.

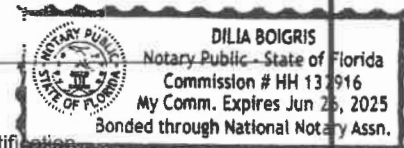
PRINCIPAL #1 Syneas Health
 Principal Name
 500 Atatum Drive
 Principal Mailing Address
 Somerset, NS 09976
 (919) 876-9300
 Principal Telephone Number
 pharmaceutical sales
 Areas of Interest/General & Specific Subject Matter

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
 COUNTY OF Palm Beach
 Sworn to (or affirmed) and subscribed before me this 28th day of April, 2022 by Shawn Hamilton
 (Signature of Notary Public—State of Florida)

Dilia Boigris
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known _____ OR Produced Identification _____
 Type of Identification Produced Florida Driver 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

Syneos Health

Principal Name

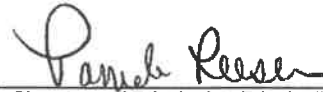
hereby authorizes

Shawn F Hamilton

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Pamela Reeser

Print Principal Name / Principal's Representative

National Business Director

Print Title of Principal / Principal's Representative

6/16/22

Date

Attach this authorization to your registration form.