



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 ~~2022~~ 2022/2023

LOBBYIST:

RAQUIB Sifat D.
 Last Name First Name Middle

6300 SW 10th Ct Plantation FL 33317
Mailing Address

Sifat.Raquirb@Synchoshealth.com
Email Address

_____ (954) 501 6335
 Office Number Cell Number

Synchos Health
Lobbying Firm on behalf of which lobbyist is representing principal (if any)

500 Atrium Drive Somerset NJ 08876
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.

 Original Signature of Lobbyist

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

PRINCIPAL #1 Synchos Health
 Principal Name

500 Atrium Drive Somerset NJ 08876
 Principal Mailing Address

(919) 876 9300
 Principal Telephone Number

pharmaceutical
 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

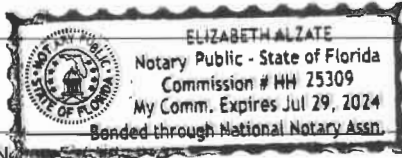
 Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA Broward
 COUNTY OF

Sworn to (or affirmed) and subscribed before me this 9th day of June 2022 by Sifat B. Raquirb

Elizabeth Alzate
 (Signature of Notary Public--State of Florida)



Elizabeth Alzate
 (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

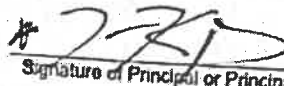
hereby authorizes

SIFAT RAQUIB

Lobbyist's Name

PHARMACEUTICAL

Description of Principal's Main Business



Signature of Principal or Principal's Representative

TYLER KEMP-

Print Principal Name / Principal's Representative

REGIONAL MANAGER

Print Title of Principal / Principal's Representative

6/10/2022

Date

Attach this authorization to your registration form.