



# 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:**

RAPAPORT                                  TAYLOR                                  M  
 Last Name    First Name    Middle

1619 Three Cabins Drive, Atlanta, GA 30317  
 Mailing Address

Taylor.Rapaport@syneoshealth.com  
 Email Address

(352) 587-4440  
 Office Number

(631) 275-7632  
 Cell Number

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

1030 Sync Street, Morrisville, NC 27560  
 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.*

Taylor Rapaport  
 Original Signature of Lobbyist

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

Syneos Health  
 PRINCIPAL #1 Principal Name  
1030 Sync Street, Morrisville, NC, 27560  
 Principal Mailing Address

(919) 876-9300  
 Principal Telephone Number                                  Pharmaceuticals  
 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 DeKalb

Sworn to (or affirmed) and subscribed before me this 5 day of August, 2022 by

Margie J. Yondorf  
 (Signature of Notary Public—State of Florida)

Margie J. Yondorf  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
 Type of Identification Produced GA DL 06147



## 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)

Syneos Health \_\_\_\_\_ hereby authorizes Taylor Rapaport \_\_\_\_\_  
Principal Name Lobbyist's Name

Pharmaceuticals \_\_\_\_\_  
Description of Principal's Main Business

  
Signature of Principal or Principal's Representative

Michael DeGeorge

Print Principal Name / Principal's Representative  
VP, Medical Affairs

Print Title of Principal / Principal's Representative  
8/5/22

Date

Attach this authorization to your registration form.