



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 2014

LOBBYIST:

LAST NAME: GUERRA FIRST NAME: Adriana MIDDLE: _____
 5025 NW 189th Ter.
 Mailing Address: adriana.guerra@sales.kespharma.com
 Email Address: _____
 () 1/14 Office Number: 786) 408-0606 Cell Number: _____

LOBBYING FIRM:

Syneos Health
 Lobbying Firm on behalf of which lobbyist is representing principal (if any)
200 Crossing Blvd. 3rd fl. Bridgewater, NJ
 Lobbying Firm's Mailing Address: _____
(918) 294-0070 Telephone Number: 08807

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
200 Crossing Blvd 3rd fl. Principal Address
Bridgewater, NJ, 08807 Principal Mailing Address
(918) 294-0070 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

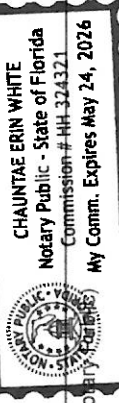
PRINCIPAL #3

_____ Principal Name
 _____ Principal Mailing Address
 _____ Principal Telephone Number
 _____ Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA

COUNTY OF Miami Dade
 Sworn to (or affirmed) and subscribed before me this 21st day of November, 2013 by Adriana Guerra

(Signature of Notary Public--State of Florida)



Chauntae White

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ✓
 Type of Identification Produced 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 _____ hereby authorizes Adriana Guerra _____
Principal Name Lobbyist's Name

Pharmaceuticals _____
Description of Principal's Main Business Signature of Principal or Principal's Representative

Tony DeMarco

Signature of Principal or Principal's Representative

Tony DeMarco

Print Principal Name / Principal's Representative

National Business Director

Print Title of Principal / Principal's Representative

11/17/2023

Date

Attach this authorization to your registration form.