



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 [X] Change to Profile [] Renewal []
To which fiscal year does this form apply? 20 24

LOBBYIST:

Murphy Amber L
35 Royal Dr. South Burlington VT 05403
alynmurphy3@gmail.com
(502) 741-9240

synco's Health
Lobbying Firm on behalf of which lobbyist is representing principal (if any)
500 Attrium Dr. Somerset, NJ 08873
Lobbying Firm's Mailing Address
800, 416-0555
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 [X] Yes, State with whom and explain: []

Have you ever been an employee of Broward Health? [X] No [] Yes,
Title _____ Date of Employment _____ Date of Separation _____

Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?
No [X] 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 synco's Health
500 Attrium Dr.
Somerset, NJ
800, 416-0555
Pharmaceuticals

PRINCIPAL #2 N/A
Principal Mailing Address _____
Principal Name _____
Principal Telephone Number _____
Areas of Interest/General & Specific Subject Matter _____

PRINCIPAL #3 N/A
Principal Mailing Address _____
Principal Name _____
Principal Telephone Number _____
Areas of Interest/General & Specific Subject Matter _____

STATE OF FLORIDA - Vermont
COUNTY OF Chittenden
Sworn to (or affirmed) and subscribed before me this 6th day of August, 2024, by VT DL
Notary Public - State of Vermont
Commission # 157,001235
My Commission Expires Jan 31, 2025

Personally Known OR Produced Identification
Type of Identification Produced VT DL 22971263

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

Amber L. Murphy

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Cynthia L Cianciosa

Signature of Principal or Principal's Representative

Cynthia L Cianciosa

Print Principal Name / Principal's Representative

Engagement Center Manager

Print Title of Principal / Principal's Representative

1/5/24

Date

Attach this authorization to your registration form.