



# 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 \_\_\_\_\_

### LOBBYIST:

Last Name: GAEG First Name: AMIT Middle: \_\_\_\_\_

Mailing Address: 158 DAVIDSON AVE

Email Address: amit.gae@syneoshealth.com

Office Number: (305) 775 2285 Cell Number: (305) 775 2285

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

Lobbying Firm's Mailing Address: 285 DAVIDSON AVE SUITE 103, SOUTHWEST 15 08873

Telephone Number: (908) 996 2053

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 Inc  
Principal Name: 285 DAVIDSON AVE, STE 103, SOUTHWEST 15 08873  
Principal Mailing Address: \_\_\_\_\_

(908) 996 2053  
Principal Telephone Number: \_\_\_\_\_  
Areas of Interest/General & Specific Subject Matter: Pharmaceuticals

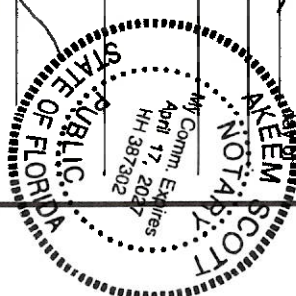
PRINCIPAL #2 N/A  
Principal Name: \_\_\_\_\_  
Principal Mailing Address: \_\_\_\_\_

Principal Telephone Number: \_\_\_\_\_  
Areas of Interest/General & Specific Subject Matter: \_\_\_\_\_

PRINCIPAL #3 N/A  
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 fourth day of March, 2024 by Amit Gae  
(Signature of Notary Public-State of Florida) Akeem Scott  
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known \_\_\_\_\_ OR Produced Identification [Signature]  
Type of Identification Produced: Driver's 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](http://www.browardhealth.org)

Synoes Health Corporation

Principal Name

hereby authorizes

Amit Garg

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

*Ken allen*

Signature of Principal or Principal's Representative

Ken Allen

Print Principal Name / Principal's Representative

Area Business Director

Print Title of Principal / Principal's Representative

3-13-24

Date

Attach this authorization to your registration form.