



**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 23

**LOBBYIST:**

Last Name MORRIS First Name BRENDA Middle ANN

Mailing Address 731 Piper Farm Rd, Apt 4, Fayetteville, NC, 28303

Email Address brenda.morris@syncohealth.com

Office Number 316, 347-3123 Cell Number 316, 347-3123

Verica Pharmaceuticals

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

44 West Gaust, Ste 400, West Chester, PA, 19380

Lobbying Firm's Mailing Address 484, 453-3300

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.*

Brenda Morris  
Original Signature of Lobbyist

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

**PRINCIPAL #1** Synco Health

Principal Name 1030 Sync St, Morrisville, NC, 27560

Principal Mailing Address 1030 Sync St, Morrisville, NC, 27560

Principal Telephone Number 919, 876-9300 Areas of Interest/General & Specific Subject Matter Pharmaceuticals

**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** 1799 NC

**COUNTY OF** Wm. Bradford  
Sworn to (or affirmed) and subscribed before me this 18<sup>th</sup> day of September, 2023 by Brenda Morris

(Signature of Notary Public—State of Florida) Tyson R G Goss



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

Personally Known \_\_\_\_\_ OR Produced Identification X  
Type of Identification Produced State Id

## 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

Principal Name

hereby authorizes

Brenna Monty

Lobbyist's Name

Pharmaceutical Sales

Description of Principal's Main Business

Syneos Health, Brenna Monty Representative selling YCanth on behalf of Verrica Pharmaceuticals

*Nina Averbuck*

Electronically signed by: Nina Averbuck  
Reason: I am the approver  
Date: Sep 18, 2023 08:19 EDT

Signature of Principal or Principal's Representative

Nina Averbuck

Print Principal Name / Principal's Representative

Associate Director

Print Title of Principal / Principal's Representative

9/18/2023

Date

**Attach this authorization to your registration form.**