



**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 23-2024

**LOBBYIST:**  
BASINSKI                      BRETT                      S  
 Last Name                      First Name                      Middle  
155 ANDOVER DR., JUPITER, FL 33458  
 Mailing Address  
BRETT.BASINSKI@SYNEOSHEALTH.COM  
 Email Address  
 ( )                      (954) 732-0618  
 Office Number                      Cell Number

SYNEOS HEALTH  
 Lobbying Firm on behalf of which lobbyist is representing principal (if any)  
1030 SYNC ST., 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.*

[Signature]  
 Original Signature of Lobbyist

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

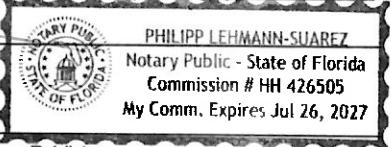
SYNEOS HEALTH  
**PRINCIPAL #1**    Principal Name  
1030 SYNC ST., MORRISVILLE, NC 27560  
 Principal Mailing Address  
(919) 876-9300    PHARMACEUTICALS  
 Principal Telephone Number                      Areas of Interest/General & Specific Subject Matter

**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 14<sup>th</sup> day of November, 2023 by Brett S. Basinski

[Signature]  
 (Signature of Notary Public--State of Florida)  
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known \_\_\_\_\_ OR Produced Identification   
 Type of Identification Produced FL. DL.

## Principal Authorization Form

### Authorization to Represent the Principal

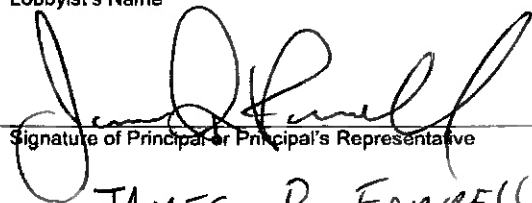
Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar 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 providing services for Purdue Pharma hereby authorizes  
Principal Name

Brett Basinski  
Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business



Signature of Principal or Principal's Representative

JAMES R. FARRELL  
Print Principal Name / Principal's Representative

Regional Manager - East  
Print Title of Principal / Principal's Representative

11 / 13 / 23  
Date

Attach this authorization to your registration form.