



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:

Riveron Carolina I
Last Name First Name Middle

135 Duryea Road, Melville, NY 11747

Mailing Address

Carolina.riveron@henryschein.com

Email Address

(706) 423-5697 (305) 491-8045

Office Number Cell Number

N/A

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

N/A

Lobbying Firm's Mailing Address

() N/A

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.

Henry Schein Inc.

PRINCIPAL #1 Henry Schein Inc.
Principal Name

135 Duryea Road

Principal Mailing Address

Melville, NY 11747

() 631-843-5500 healthcare solutions

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

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 27 day of

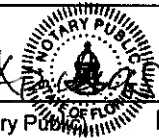
June, 20 23 by Carolina I. Riveron

[Signature]

(Signature of Notary Public—State of Florida)

Karla Suarez de Armas

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



Karla Suarez De Armas

Comm.: HH 178479

Expires: Sept. 23, 2025

Notary Public - State of Florida

Personally Known _____ OR Produced Identification

Type of Identification Produced FL-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

Henry Schein Inc.

Principal Name

hereby authorizes

Carolina Rivera

Lobbyist's Name

healthcare solutions

Description of Principal's Main Business

BS Clark

Signature of Principal or Principal's Representative

Brad Clark

Print Principal Name / Principal's Representative

VP of Business Development

Print Title of Principal / Principal's Representative

06/27/23

Date

Attach this authorization to your registration form.