



BROWARD HEALTH
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

Correll

First Name

Cherise

Middle

McAule

Mailing Address

5320 Bonita Beach Rd #412, Bonita Springs FL 34134

Email Address

Cherise_Correll@Synexhealth.com

Office Number

586, 255-7154

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

Lobbying Firm's Mailing Address

100 Nassau Rk, Blvd Princeton NJ 08540

800, 332-2056

Telephone Number

Bristol Myers - Squibb

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
Cherise McAule

I do solemnly swear that all the foregoing facts are true and correct.

Cherise McAule
 Original Signature of Lobbyist

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

PRINCIPAL #1

Principal Name

Synex Health

Principal Mailing Address

1030 Synex Dr Merrillville IN 47560

Principal Telephone Number

(919) 876-9300 Central Vendor
Camzyas

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2

Principal Name

N/A

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3

Principal Name

N/A

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA

Sworn to (or affirmed) and subscribed before me this 23 day of December 2023 by Cherise M Correll

(Signature of Notary Public—State of Florida)

Washington Cadena

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



WASHINGTON CADENA
 Notary Public, State of Florida
 Commission# HH 272910
 My comm. expires June 7, 2026

Personally Known _____ OR Produced Identification _____

Type of Identification Produced

Florida 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

Syneos Health hereby authorizes Cherise Marie Correll
Principal Name Lobbyist's Name

Pharmaceuticals
Description of Principal's Main Business

Michael DeGeorge
Signature of Principal or Principal's Representative

Michael DeGeorge
Print Principal Name / Principal's Representative

VP, Medical Affairs
Print Title of Principal / Principal's Representative

12/8/23
Date

Attach this authorization to your registration form.