



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 24

LOBBYIST:

McDougal Chris Ryan
Last Name First Name Middle
135 Duryea Rd, Melville, NY 11747
Mailing Address
chris.mcdougal@henryschein.com
Email Address
() NA (843) 425-5397
Office Number Cell Number

NA
Lobbying Firm on behalf of which lobbyist is representing principal (if any)
NA
Lobbying Firm's Mailing Address
()
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.

Original Signature of Lobbyist

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

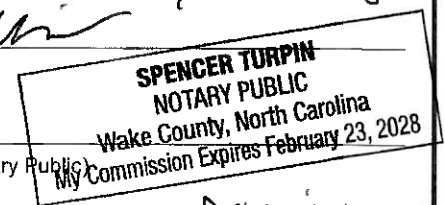
PRINCIPAL #1 Henry Schein Inc.
Principal Name
135 Duryea Rd
Principal Mailing Address
Melville NY 11747
(631) 843-5500 healthcare solutions
Principal Telephone Number Areas of Interest/General & Specific Subject Matter

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~~ North Carolina ST
COUNTY OF Wake
Sworn to (or affirmed) and subscribed before me this 4th day of August, 2023 by Chris Ryan McDougal

Spencer Turpin
(Signature of Notary Public—State of Florida) NC
Spencer Turpin
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known _____ OR Produced Identification Driver's License
Type of Identification Produced _____

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

Chris McDougald

Lobbyist's Name

healthcare solutions

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Ty Ford

Print Principal Name / Principal's Representative

VP & GM of US Medical Sales

Print Title of Principal / Principal's Representative

6/26/20

Date

Attach this authorization to your registration form.