

## NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM (SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?	Provide the names, business address, telephone number and area of interest of each principal
New Registration Change to Profile X Renewal	represented.
To which fiscal year does this form apply? 20 23	PRINCIPAL#1 Syneos Health Principal Name
LOBRYIST:	500 Atrium Drive
	Principal Mailing Address
Last Name First Name Middle	Somerset, NJ 08873
ESSIG CVISTING  Last Name First Name Middle  10305 SW 132 ST. Miami, F. 33176  Mailing Address	3011213-011110
Mailing Address	(800) 416-0555 Principal Telephone Number  Thank according to the second control of the
cristina3877@mail.com	
Email Address	Areas of Interest/General & Specific Subject Matter
(305,978-8016	PRINCIPAL#2
Office Number Cell Number	Principal Name
Syneus Health Lobbying Firm on behalf of which lobbyist is representing principal (if any)	
Lobbying Firm on behalf of which lobbyist is representing principal (if any)	Principal Mailing Address
500 Atrium Drive Somerset, NJ 08873	
Lobbying Firm's Mailing Address	Principal Telephone Number
(800) 416-0555	
Telephone Number	Areas of Interest/General & Specific Subject Matter
Do you have any direct or indirect business association, partnership, or financial relationship or live in	PRINCIPAL#3
the same household with or are related to any Broward Health Board Member, Board Committee	Principal Name
Member, employee, or agent?	
No  Yes. State with whom and explain:	Principal Mailing Address
Here the second	Principal Telephone Number
	Areas of Interest/General & Specific Subject Matter
Have you ever been an employee of Broward Health? No Yes,	Areas of interest/General & Specific Subject Matter
<del>-</del>	STATE OF FLORIDA  COUNTY OF MANI - SAOF
Title Date of Employment Date of Separation	
Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?	Sworn to (or affinined) and subscribed before me this day of
	Typy 203 by Cutstill willing and LODGILL
No Yes,  Date of Service Date of Separation	ILITICA INSSION CONTRACTOR
	(Signature of Notary Public - State of Florida)
OATH	NOTARY W
I do solemnly swear that all the foregoing facts are true and correct.	Michago COPEZ PUBLICA
I do soleming swear that air the foregoing facts are true and coffect.	(Print, Type, or Stamp Commissioned Name of Notary Public)
( Tratione Thomas	Personally Known QR Produced Identification TE OF FLORITIES
Original Signature of Lobbyish	Type of Identification Produced Drull Cows &
Original Signature of Lobbyist	Type of Identification Froduced Or Williams



## **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 princip lobbyist will be carried forward each calendar year if the next year. Cancellation of a lobbyist's registration by be found at <a href="https://www.browardhealth.org">www.browardhealth.org</a>	ne renewal form subi	mitted by this lobbyist indicates "yes" to renew for the
Syneos Health Principal Name	hereby authorizes	Cristina Essig Lobbyist's Name
Pharma(euticals Description of Principal's Main Business		Signature of Principal or Principal's Representative
		TOCKIL MOVIS Print Principal Name / Principal's Representative
		District Manager  Print Title of Principal / Principal's Representative
		7   13   23 Date
Attach this authorization to your registration form.		