



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:

Holland Cynthia Middle 1931 NE 21st Street Fort Lauderdale FL 33305 hollandjco@att.net (954) 682 3185

Syneos Health 500 Atrium Drive, Somerset, N.J. 08873 (800) 416.0555

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 Syneos Health. 500 Atrium Drive, Somerset, NJ 08873 (800) 416.0555 Pharmaceuticals.

PRINCIPAL #2 PRINCIPAL #3

STATE OF FLORIDA COUNTY OF Broward Sworn to (or affirmed) and subscribed before me this July 20 23 by Cynthia Holand. Notary Public State of Florida Sharmeyn Pena My Commission HH 224765 Exp. 2/6/2026

Personally Known OR Produced Identification Type of Identification Produced 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
Principal Name

hereby authorizes

Cynthia Holland
Lobbyist's Name

Skin Health Representative
Description of Principal's Main Business

[Signature]
Signature of Principal or Principal's Representative

Weston Nickerson
Print Principal Name / Principal's Representative

District Sales Manager
Print Title of Principal / Principal's Representative

7/20/23
Date

Attach this authorization to your registration form.