



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 23

LOBBYIST:
 Last Name Passquale First Name David Middle A.
 Mailing Address 13421 Fawn Springs Drive
David. Passquale@syncehealth.com
 Email Address _____
 Office Number _____ Cell Number (202) 412-7561

Lobbying Firm on behalf of which lobbyist is representing principal (if any)
Syneos Health
 Lobbying Firm's Mailing Address 1030 Sync St, Morrisville, NC 27560
 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.

[Handwritten Signature]
 Original Signature of Lobbyist

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

PRINCIPAL #1 Syneos Health
 Principal Name
 Principal Mailing Address 1030 Sync Street
Morrisville, NC 27560
 Principal Telephone Number (919) 876-9300
 Areas of Interest/General & Specific Subject Matter Pharmaceuticals

PRINCIPAL #2 N/A
 Principal Name
 Principal Mailing Address _____
 Principal Telephone Number _____
 Areas of Interest/General & Specific Subject Matter _____

PRINCIPAL #3 N/A
 Principal Name
 Principal Mailing Address _____
 Principal Telephone Number _____
 Areas of Interest/General & Specific Subject Matter _____

STATE OF FLORIDA
 COUNTY OF HILLSBOROUGH
 Sworn to (or affirmed) and subscribed before me this 11th day of September 2023 by David Passquale
[Handwritten Signature]

(Signature of Notary Public--State of Florida)
Robert Panais
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Notary Public State of Florida
 Robert Panais
 My Commission HH 354917
 Expires 1/29/2027

Personally Known _____ OR Produced Identification _____
 Type of Identification Produced FL DC

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

Karen Bartels

Principal Name

hereby authorizes

David Pasquale

Lobbyist's Name

Syneos Health Engagement Center-Deployment Solutions

Description of Principal's Main Business

Virtual Pharmaceutical Sales

Signature of Principal or Principal's Representative

Karen A. Bartels

Print Principal Name / Principal's Representative

Karen Bartels

Print Title of Principal / Principal's Representative

Engagement Center Manager /September 11th, 2023

Date

Attach this authorization to your registration form.