



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:
Foster Deborah L
Last Name First Name Middle

135 Duryea Road, Melville, NY 11747
Mailing Address
Debbie.foster@henryschein.com
Email Address
(_____) N/A (_____) 9196915848
Office Number Cell Number

N/A
Lobbying Firm on behalf of which lobbyist is representing principal (if any)
N/A
Lobbying Firm's Mailing Address
(_____) N/A
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 _____

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

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

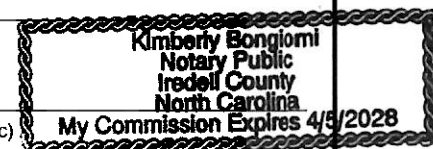
PRINCIPAL #2 _____
Principal Name
Principal Mailing Address _____
(_____) _____
Principal Telephone Number Areas of Interest/General & Specific Subject Matter

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

STATE OF FLORIDA North Carolina KB
COUNTY OF Iredell
Sworn to (or affirmed) and subscribed before me this 19 day of
July, 2023 by Deborah Foster

[Handwritten Signature]
(Signature of Notary Public - State of Florida)

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



Personally Known _____ OR Produced Identification
Type of Identification Produced NC DL

OATH

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

[Handwritten Signature]
Original Signature of Lobbyist

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

Dulach L Foster
Lobbyist's Name

healthcare solutions

Description of Principal's Main Business

Christopher S Verhulst

Signature of Principal or Principal's Representative

Christopher S. Verhulst

Print Principal Name / Principal's Representative

Dental East - VP

Print Title of Principal / Principal's Representative

7/19/23

Date

Attach this authorization to your registration form.