



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 23-2024

LOBBYIST:

Last Name Morris First Name Delaney Middle Maé

Mailing Address 1785 Ivy Stone Ct. Buford GA 30519

Email Address delaney.morris@synceoshealth.com

Office Number (404) 435-1800 Cell Number (404) 435-1800

Synceos Health

Lobbying Firm on behalf of which lobbyist is representing principal (if any)

1030 Sync Street Morrisville NC 27560

Lobbying Firm's Mailing Address (919) 876-9300

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.

Delaney Morris
Original Signature of Lobbyist

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

PRINCIPAL #1 Synceos Health
Principal Name
Principal Mailing Address 1030 Sync Street Morrisville NC 27560

(919) 876-9300
Principal Telephone Number
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 Calvin

COUNTY OF Guilford

Sworn to (or affirmed) and subscribed before me this 23rd day of November, 2023 by Geneva F. Vaughan

(Signature of Notary Public--State of Florida) Geneva F. Vaughan
Notary Public

(Print, Type, or Stamp Commissioned Name of Notary Public)
Gwinnett County, GEORGIA
Personally Known _____ OR Pratt
Type of Identification Produced Notary Seal My Commission Expires X

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

Delaney Morris

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Lynell D'Sylva

Print Principal Name / Principal's Representative

Clinical Trial Ambassador Director, North America

Print Title of Principal / Principal's Representative

11/29/2023

Date

Attach this authorization to your registration form.