



# 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 24

### LOBBYIST:

Last Name CASH JR

First Name Duane

Middle Joseph

Mailing Address 2440 E Preserve Way Apt 207 Miramar FL 33025

Office Address Duane.Cash@broward.edu

Office Number ( )

Cell Number 786, 567-1193

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

Lobbying Firm's Mailing Address 500 Atrium Dr Somerset NJ 08773

Telephone Number (800) 416-0555

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.

Original Signature of Lobbyist \_\_\_\_\_

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

#### PRINCIPAL #1

Principal Name Syneas health

Principal Mailing Address 500 Atrium Dr Somerset NJ 08773

Principal Telephone Number 800, 416-0555

Areas of Interest/General & Specific Subject Matter Pharmaceuticals

#### 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 \_\_\_\_\_

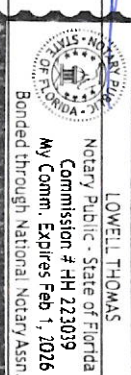
STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 20th day of November, 2023, by Duane Cash

(Signature of Notary Public--State of Florida)

Lowell Thomas

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



Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced FL DL

## 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](http://www.browardhealth.org)

Syneos Health

Principal Name

hereby authorizes

Duane Cash

Lobbyist's Name

Pharmaceutical sales

Description of Principal's Main Business

Signature of Principal or Principal's Representative

Shawna Hankins

Print Principal Name / Principal's Representative

Shawna Hankins

Print Title of Principal / Principal's Representative

Sr. Field Talent Manager 8.15.22

Date

**Attach this authorization to your registration form.**