



# 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:

Gonzalez                      Edilberto                      \_\_\_\_\_  
Last Name                      First Name                      Middle

135 Duryea Road, Melville, NY 11747  
Mailing Address

Your own email Eddie.Gonzalez@henryschein.com  
Email Address                      305 333 3076

(\_\_\_\_\_) your office                      (\_\_\_\_\_) your own cell  
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

(\_\_\_\_\_) \_\_\_\_\_  
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.*

[Signature]  
Original Signature of Lobbyist

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

Henry Schein Inc.

PRINCIPAL #1 Henry Schein Inc.  
Principal Name

135 Duryea Road  
Principal Mailing Address

Melville, NY 11747  
Principal Telephone Number

(\_\_\_\_\_) 631-843-5500                      healthcare solutions  
Principal Telephone Number                      Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 Christopher S. Verhulst  
Principal Name

135 Duryea Rd  
Principal Mailing Address

Melville, NY, 11747  
Principal Telephone Number

(\_\_\_\_\_) 631 843 5500  
Principal Telephone Number

\_\_\_\_\_ Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 N/A  
Principal Name

\_\_\_\_\_ Principal Mailing Address

(\_\_\_\_\_) \_\_\_\_\_  
Principal Telephone Number

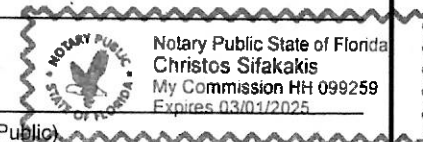
\_\_\_\_\_ Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA  
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 26 day of June, 2013 by Edilberto Gonzalez

(Signature of Notary Public - State of Florida)

Christos Sifakakis  
(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)

**Henry Schein Inc.**

Principal Name

hereby authorizes

*Edilberto Gonzalez*

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

*6-26-2023*

Date

Attach this authorization to your registration form.