

NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

(SEE BACK FOR INSTRUCTION	(SEE	BACK	FOR	INSTRI	ICTION:
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	(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	Provide the names, business address, to ephone number and area of interest of each principal represented. PRINCIPAL #1 Principal Name
LOBBY IST: FOLK Fri CO Sidney Last Name First Name Middle	500 Afrium Drive Suite 100, Somerset, N 08873 Principal Mading Address
313 East Palmetto Park Road Apt 115 Boca Raton, FL 33432 Mailing Address erica.falk Osyneoshealth.com Email Address	Principal Telephone Number Pharma ceuti (1) Areas of Interest/General & Specific Subject Matter
(833) 515-2505 Fxt-9943 (561)859-9709 (61 Number Cel Number	PRINCIPA L #2 Principal Name
Syne 05 Health Lobbyir g Firm on behalf of which lot byist is representing principal (if any)	Principal Mading Address
600 Afrium Drive Suite 100, Somerse + NU 088.73 Lobbyirg Firm's Mailing Address (800) 416-0555	(
	Areas of Interest/General & Specific Subject Matter
Do you have any direct or indirect business association, partnership, or financial relationship or ive 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:	PRINCIP 4 L #3 Principal Name Principal National Mailing Address
Have you ever been an employee of Broward Health? No Yes,	Principal Te ephone Number Areas of Interest/General & Specific Subject Matter
Have you ever been an employee of Broward Health? No	
	STATE OF FLORIDA
Title Date of Employment Date of Separation	COUNTY OF PalaBeach
Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?	Sworn to (cr affirmed) and subscribed before me this 27 ^h day of
V No Yes.	June , 2023 by Erics felt
V No Yes, Date of Service Date of Separation	136 2h
OATH	(Signature of Notary PublicState of Florida) Notary Public State of Florida Mark Johnson My Commission HH 051412 Expires 10/07/2024
I do solemnly swear that all the foregoing facts are true and correct.	(Print, Type, or Stamp Commissioned Name of Notary Polein)
EicaFalk	Personally Known OR Produced Identification
Original Signature of Lobbyist	Type of Identification Produced Driver Count

NORTH BROWARD HOSPITAL DISTRICT

Principal Authorization Form

Authoriza	dion to Represent t	ne Principal
business. This authorization to represent the prin lobbyist will be carried forward each calendar year i	cipal before the North f the renewal form sub-	hown on the registration form, also, describe the main Broward Hospital District the Broward Health for his mitted by this lobbytal indicates "yes" to renew for the be provided by written notice. Cancellation forms can
Tyneas Health	hereby authorizes	Erica Falk
Phormacculate S Rescription of Principal's Main Business		Sylventure of Principal or Principal a Representative Signature of Principal or Principal a Representative Constant Kurl CSCS Part Principal Name / Principal is Representative
		Virtual Sales Manager Print Title of Principal / Princ
		Larne, 25, 2023
Attach this	authorization to your re	ekterion iorra.

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