



# 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:

Last Name Chacon First Name Ernesto Middle Isidro

Mailing Address 922 Gulfstream Ct., Weston, FL 33327

Email Address Ernie.chacon@sales.idasia.com

Office Number (954) 850-2811 Cell Number (954) 850-2811

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

Lobbying Firm's Mailing Address One Redner Corporate Sk. 100, 100 Mats on Ford Rd., Radunt, PA 19087

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.

Original Signature of Lobbyist

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

PRINCIPAL #1 Synges Health

Principal Mailing Address 200 Ashfordtail Lane, Somerset, NJ 08875-1231

Principal Telephone Number (919) 876-9300

Areas of Interest General & Specific Subject Matter Pharmaceutical Sales

### 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 Broward

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

September 23 by Ernest Isidro Chacon

(Signature of Notary Public - State of Florida)

Alessandro Nicollicchia

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



Personally Known \_\_\_\_\_

Type of Identification Produced Florida Driver License

OR Produced Identification \_\_\_\_\_

## Principal Authorization Form

### Authorization to Represent the Principal

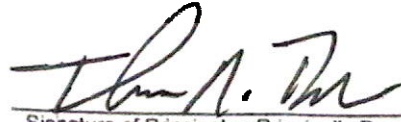
Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar 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)

Tom Bonk  
Principal Name

hereby authorizes

Ernesto Chacon  
Lobbyist's Name

Pharmaceutical sales  
Description of Principal's Main Business

  
Signature of Principal or Principal's Representative

Tom Bonk  
Print Principal Name / Principal's Representative

National Business Director  
Print Title of Principal / Principal's Representative

8-28-2023  
Date

Attach this authorization to your registration form.