



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:

Frazier Heather N
Last Name First Name Middle
 7008 Roundleaf Dr Jax FL 32258
Mailing Address
 Heather.frazier@syncohealth.com
Email Address
 833, 515 2505 x3728 904, 599 2898
Office Number Cell Number

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

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.

Heather Frazier

Original Signature of Lobbyist

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

PRINCIPAL #1 Synco Health
Principal Name
1030 Sunc St Morrisville, NC 27560
Principal Mailing Address

866, 262 7427 Pharmaceutical
Principal Telephone Number Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 _____
Principal Name

Principal Mailing Address

Principal Telephone Number Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 _____
Principal Name

Principal Mailing Address

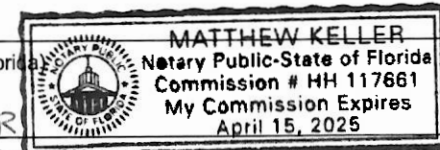
Principal Telephone Number Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA

COUNTY OF DUVAL

Sworn to (or affirmed) and subscribed before me this 26th day of JUNE, 2023 by HEATHER FRAZIER

Matthew Keller
(Signature of Notary Public - State of Florida)



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

Personally Known _____ OR Produced Identification

Type of Identification Produced DRIVERS LIC

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

GEORGE KARLESSES

Principal Name

hereby authorizes

HEATHER FRAZIER

Lobbyist's Name

PHARMACEUTICALS

Description of Principal's Main Business

George Karleses

Signature of Principal or Principal's Representative

GEORGE KARLESSES

Print Principal Name / Principal's Representative

SALES MANAGER

Print Title of Principal / Principal's Representative

6/12/23

Date

Attach this authorization to your registration form.