



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 23

LOBBYIST:

Enano **Homer**

Last Name Enano First Name Homer Middle

135 Duryea Road, Melville, NY 11747

Mailing Address

homer.enano@henryschein.com

Email Address

() 631-370-1589 () 954-270-4213

Office Number Call 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.

Homer Enano

Original Signature of Lobbyist

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

Henry Schein Inc.

PRINCIPAL #1 Principal Name

135 Duryea Road

Melville, NY 11747

Principal Mailing Address

() 631-843-5500

Principal Telephone Number

Principal Mailing Address

PRINCIPAL #2 Principal Name

Principal Mailing Address

Principal Telephone Number

Principal Mailing Address

Principal Telephone Number

PRINCIPAL #3 Principal Name

Principal Mailing Address

Principal Telephone Number

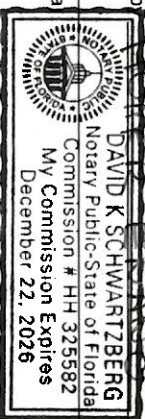
Principal Mailing Address

STATE OF FLORIDA **BROWARD**

COUNTY OF Sworn to (or affirmed) and subscribed before me this **EIGHTH** day of

SEPTEMBER 2023

(Signature of Notary Public--State of Florida)



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

Personally Known OR Produced Identification

Type of Identification Produced

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

Henry Schein Inc.

Principal Name

hereby authorizes

Homer Enano

Lobbyist's Name

healthcare solutions

Description of Principal's Main Business



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

9/8/2023

Date

Attach this authorization to your registration form.