



**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:

Zomick Jenifer
Last Name First Name Middle
8196 Hanoveria Dr. Lake Worth, FL 33467
Mailing Address
Jenifer.Zomick@syneoshealth.com
Email Address
(908) 415-5798 (908) 415-5798
Office Number Cell Number

Syneos Health
Lobbying Firm on behalf of which lobbyist is representing principal (if any)
500 Atrium Dr. Somerset, NJ 08873
Lobbying Firm's Mailing Address
(800) 416-0555
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.

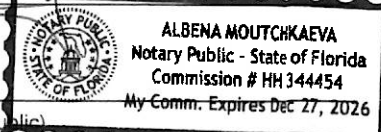
PRINCIPAL #1 Syneos Health
Principal Name
500 Atrium Dr.
Principal Mailing Address
Somerset, NJ 08873
(800) 416-0555
Principal Telephone Number
Covid 19 Education
Areas of Interest/General & Specific Subject Matter

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 Palm Beach
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this 14 day of July, 20 23 by JENIFER ZOMICK
Albena Moutchkaeva

(Signature of Notary Public—State of Florida)
ALBENA MOUTCHKAEVA
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known _____ OR Produced Identification
Type of Identification Produced FLS2 7520-424-69-687-0

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

Julie Koontz
Principal Name

hereby authorizes

Jenifer Zomick
Lobbyist's Name

healthcare education
Description of Principal's Main Business

Julie Koontz
Signature of Principal or Principal's Representative
Julie Koontz

Print Principal Name / Principal's Representative

District manager
Print Title of Principal / Principal's Representative

7/5/23
Date

Attach this authorization to your registration form.