



# 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? 2023

LOBBYIST:

Race Joan Marie  
 Last Name First Name Middle  
5438 5<sup>th</sup> Fairway Drive, Holly wood, SC  
 Mailing Address  
grace@mednick.com 29449  
 Email Address  
843, 991-5005 843, 991-5005  
 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.

[Signature] 6/8/23  
Original Signature of Lobbyist

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

PRINCIPAL #1 Syners Health  
 Principal Name  
1030 Sync Street  
 Principal Mailing Address  
Morrisville, NC 27560  
919, 876-9300  
 Principal Telephone Number  
Biopharmaceutical Solutions Organization  
 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

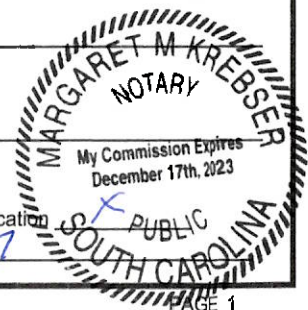
STATE OF FLORIDA South Carolina SMR mmk  
COUNTY OF Charleston

Sworn to (or affirmed) and subscribed before me this 8 day of June, 2023 by JOAN M. RACE

Margaret M. Krebsner  
(Signature of Notary Public—State of Florida)

MARGARET M. KREBSER  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification  PUBLIC  
Type of Identification Produced SCDL 103051067



### 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)

Syneos Health hereby authorizes Jean Kace  
Principal Name Lobbyist's Name

Biopharmaceutical Signature of Principal or Principal's Representative  
Description of Principal's Main Business

Solutions Organization Erik Barker  
Print Principal Name / Principal's Representative

National Sales Manager  
Print Title of Principal / Principal's Representative

6/8/23  
Date

**Attach this authorization to your registration form.**