

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	Provide the names, business address, telephone number and area of interest of each principal represented. Henry Schein Inc. PRINCIPAL#1 Principal Name
LOBBVIST: Pepio Last Name First Name Middle 135 Duryea Road, Melville, NY 11747 Mailing Address	135 Duryea Road Principal Mailing Address Melville, NY 11747
john.pepio@henryschein.com Email Address	Areas of Interest/General & Specific Subject Matter PRINCIPAL #2 Principal Name
Lobbying Firm on behalf of which lobbyist is representing principal (if any) N/A Lobbying Firm's Mailing Address	Principal Mailing Address () Principal Telephone Number
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:	Principal Mailing Address Areas of Interest/General & Specific Subject Matter Principal Mailing Address
Have you ever been an employee of Broward Health? Vo Yes,	Principal Telephone Number Areas of Interest/General & Specific Subject Matter
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	STATE OF FLORIDA COUNTY OF Brown and subscribed before me this 5 th Hunter day of CC+COCT 92021, 20 23 by John A 25 th Florida day of CC+COCT 92021, 20 25 th Florida day of CC+COCT 92021
OATH I do solemnly swear that all the foregoing facts are true and correct. Original Signature of Lobbyist	(Signature of Notary Public State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public) (Print, Type of Identification Produced



Principal Name

Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist <u>as they are shown on the registration form</u>, 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 <u>www.browardhealth.org</u>

Henry Schein Inc.

hereby authorizes

Lobbvist'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

06/30/2023

Attach this authorization to your registration form.