



# 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 24

LOBBYIST:

Turner John A  
Last Name First Name Middle  
135 Doryea Rd Melville, Ny 11747  
Mailing Address  
John.Turner@Henryschein.com  
Email Address  
(954) 733-9426 561 722-3706  
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]  
Original Signature of Lobbyist

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

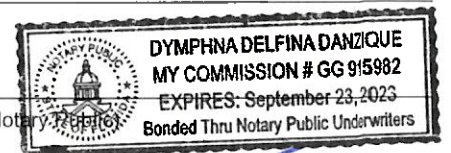
PRINCIPAL #1 Henry Schein Inc  
Principal Name  
135 Doryea Rd  
Principal Mailing Address  
135 Doryea Rd Melville, NY 11747  
(631) 843-5500  
Principal Telephone Number  
Healthcare Solutions  
Areas of Interest/General & Specific Subject Matter

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 Florida  
COUNTY OF  
Sworn to (or affirmed) and subscribed before me this 3rd day of

August 20 23 by John A Turner  
[Signature]  
(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 drivers license

## 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)

**Henry Schein Inc.**

Principal Name

hereby authorizes

*John Turner*

Lobbyist's Name

**healthcare solutions**

Description of Principal's Main Business

*Christopher S. Verhulst*

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

*6/23/23*

Date

Attach this authorization to your registration form.