



# 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:**

Last Name: Rodriguez    First Name: Jorge    Middle: Orlando

Mailing Address: 135 Duryea Road, Melville, NY 11747

Email Address: Jorge.rodriguez@henryschein.com

Office Number: (631) 370-1589

Cell Number: (305) 778-5891

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

PRINCIPAL #1 Henry Schein Inc.  
Principal Name

135 Duryea Road  
Principal Mailing Address

Melville, NY 11747  
Principal Telephone Number: (631) 843-5500    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 \_\_\_\_\_

N/A  
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.*

Original Signature of Lobbyist

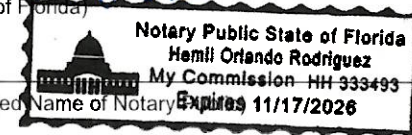
STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this TWENTY-NINETH (29<sup>th</sup>) day of AUGUST, 20 23 by JORGE O. RODRIGUEZ

Hemli Orlando Rodriguez  
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Expires 11/17/2026)



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](http://www.browardhealth.org)

**Henry Schein Inc.**

Principal Name

hereby authorizes

*Jorge O. Rodriguez*

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

*07/01/2023*

Date

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