



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: Michelle First Name: Joseph Middle: F
 Mailing Address: 135 Duruya Rd, Melville, NY 11747
 Email Address: Joseph.michelle@hurryschain.com
 Office Number: 954, 733-9426 Cell Number: 954, 702-1783

Lobbying Firm on behalf of which lobbyist is representing principal (if any) N/A

Lobbying Firm's Mailing Address N/A

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 Principal Name: Henry Schain Inc.
 Mailing Address: 135 Duruya Rd, Melville, NY 11747
 Telephone Number: (631) 843-5500 Area of Interest/General & Specific Subject Matter: Health care solutions

PRINCIPAL #2 Principal Name _____
 Mailing Address _____
 Telephone Number _____
 Area of Interest/General & Specific Subject Matter _____

PRINCIPAL #3 Principal Name _____
 Mailing Address _____
 Telephone Number _____
 Area of Interest/General & Specific Subject Matter _____

Principal Mailing Address _____
 Principal Telephone Number _____
 Areas of Interest/General & Specific Subject Matter _____

STATE OF FLORIDA
 COUNTY OF MONROE
 Sworn to (or affirmed) and subscribed before me this 27th day of September, 2023 by Joseph Michabella
 Signature of Notary Public—State of Florida) Alexandra Soulis
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known _____ OR Produced Identification _____
 Type of Identification Produced FLDL # M6114-486-86-405-0

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

Henry Schein Inc.

Principal Name

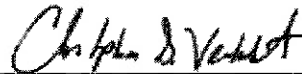
hereby authorizes

Joseph Mirabella

Lobbyist'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

8/31/2023

Date

Attach this authorization to your registration form.