



**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 LYLES First Name KATHRYN Middle MARY

Mailing Address 803 Mc CABE AVE, WILMINGTON, DE 19802

KATE.DONOVAN@SYNEOSHEALTH.COM

Email Address

(866) 314-0459 (215) 285-9298

Office Number

Cell Number

SYNEOS HEALTH

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

100 BRANDYWINE BLVD, NEWTOWN, PA

Lobbying Firm's Mailing Address

(215) 968-0459 18940

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 SYNEOS HEALTH

Principal Name

100 BRANDYWINE BLVD.

Principal Mailing Address

NEWTOWN, PA 18940

(215) 968-0459

Principal Telephone Number

Pharmaceuticals

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2

N/A

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3

N/A

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

Delaware
STATE OF FLORIDA New Castle
COUNTY OF

Sworn to (or affirmed) and subscribed before me this 8th day of December 2023 by Kathryn Mary Lyles

Signature of Notary Public Lisa E Wood Notary Public
STATE OF DELAWARE
My Commission Expires Oct. 18, 2025

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification De
Type of Identification Produced De

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

Syneos Health

Principal Name

hereby authorizes

Kate Lyles

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Signature of Principal or Principal's Representative

Christine Lugones

Print Principal Name / Principal's Representative

Christine Lugones

Print Title of Principal / Principal's Representative

10/04/2023

Date

Attach this authorization to your registration form.