



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 23

LOBBYIST:

Last Name: PHELPS First Name: KELLY Middle:
 Mailing Address: 231 DRUMMOND RD WOODRUFF, SC 29388
 Email Address: Kelly.phelps@syneoshealth.com
 Office Number: (844) 751-8343 Cell Number: (844) 787-8034

JAN SEN BIOTECH

Lobbying Firm on behalf of which lobbyist is representing principal (if any): 800 RIOGENEVA DR. HOKSHAM, PA. 19044
 Lobbying Firm's Mailing Address: 800
 Telephone Number: 624-7736

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.

Kelly Phelps
 Original Signature of Lobbyist

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

PRINCIPAL #1 Principal Name: SYNEOS HEALTH
 Principal Mailing Address: 1030 SYNC STREET, MORRISVILLE, 27560
 Principal Telephone Number: 919 876-9300
 Areas of Interest/General & Specific Subject Matter: PHARMACEUTICALS

PRINCIPAL #2 Principal Name: N/A

PRINCIPAL #3 Principal Name: N/A
 Areas of Interest/General & Specific Subject Matter: _____

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

STATE OF FLORIDA SOUTH CAROLINA
 COUNTY OF GRANDVILLE
 Sworn to (or affirmed) and subscribed before me this 23 day of October, 2023 by Kelly Phelps
Kelly Phelps
 (Signature of Notary Public—State of Florida)

My Commission Expires October 12, 2031
 (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

Syneos Health

Principal Name

hereby authorizes

Kelly Phelps

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Michele Hilliard-Hodge

Signature of Principal or Principal's Representative

Michele Hilliard-Hodge

Print Principal Name / Principal's Representative

Syneos Health District Manager

Print Title of Principal / Principal's Representative

10-26-2023

Date

Attach this authorization to your registration form.