



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 _____

LOBBYIST:

Last Name: Kaler First Name: Kim Middle: _____
Mailing Address: 3 Rung St, Athens, OH 45701
Email Address: kimkaler@yahoodem
Office Number: (614) 359-2270 Cell Number: _____

Lobbying Firm on behalf of which lobbyist is representing principal (if any):
Synco's Health
1030 S YN E ST, MORRISVILLE NC 27560
Lobbying Firm's Mailing Address: NEW YORK, PA 18840 KK
(919) 876-9300 (on behalf of ASK)
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.

Kim Kaler
Original Signature of Lobbyist

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

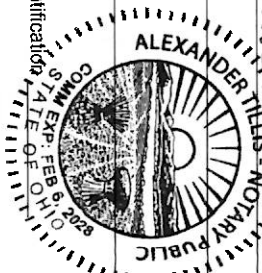
PRINCIPAL #1 Principal Name: Synco's Health
Principal Mailing Address: 1030 S YN E ST, MORRISVILLE NC 27560
(on behalf of ASK)
Principal Telephone Number: (919) 876-9300
Areas of Interest/General & Specific Subject Matter: VAADINES

PRINCIPAL #2 Principal Name: N/A
Principal Mailing Address: _____
Principal Telephone Number: _____
Areas of Interest/General & Specific Subject Matter: _____

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

STATE OF FLORIDA Ohio
COUNTY OF Athens
Sworn to (or affirmed) and subscribed before me this 10th day of October, 2023 by Kim Kaler
Alexander Tillis
(Signature of Notary Public--State of Florida)
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification Produced Ohio DL
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

Syneos Health _____ hereby authorizes Kim Kaler _____
Principal Name 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
10/3/2023

Date

Attach this authorization to your registration form.

• Notarize other form
• BYO check (to North Broward Hospital District)

Mail all to:
North Broward Hospital District
Attn: VP Government Relation/Community Affairs
c/o Government Relations Department
1800 NW 49th St, Fort Lauderdale, FL 33309