



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: Sprague First Name: Lavel Middle: _____
 241 Bass Branch Dr. 2015 Kingwood TX, 77339
 Mailing Address: _____
 Email Address: lavel.sprague@spraguehealth.com
 Office Number: _____ Cell Number: (632) 541-7255

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

200 Crossin Blvd. 3rd Floor, Bridgewater, NJ 08807
 Lobbying Firm's Mailing Address: _____
(800) 416-0555
 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

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

PRINCIPAL #1 Sprague Health
 Principal Name: _____
 Principal Mailing Address: 200 Crossin Blvd. 3rd Floor, Bridgewater NJ, 08807
 Principal Telephone Number: (800) 416-0555 Pharmaceuticals
 Areas of Interest/General & Specific Subject Matter: _____

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

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

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

STATE OF FLORIDA Texas
 COUNTY OF Harris

Sworn to (or affirmed) and subscribed before me this 2023 day of September by Lavel Sprague

Signature of Notary Public—State of Texas: Sam Mullins
 (Print, Type, or Stamp Commissioned Name of Notary Public) Sam Mullins
 Notary Public, State of Texas
 Comm. Expires 01-20-2026
 Notary ID: 199549045

Personally Known _____ OR Produced Identification Texas Drivers License
 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

Principal Name

hereby authorizes

Laurel Spurgeon

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

Syneos Engagement Center Manager - 09.11.23

Date

Attach this authorization to your registration form.