



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 Leslie Roman First Name Leslie Middle A

Mailing Address 2350 SW 27th Terrace, Fort Lauderdale FL

Email Address leslie.roman@syncohealth.com 33312

Office Number 719, 651-6638 Cell Number

Telephone Number NOVEN Pharmaceuticals

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

11960 SW 14th St., Miami, FL 33186

Lobbying Firm's Mailing Address (305) 253-5099

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.

Leslie A Roman

Original Signature of Lobbyist

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

PRINCIPAL #1 NOVEN Pharmaceuticals

Principal Name

11960 SW 14th St. 1

Principal Mailing Address

Miami FL 33186

Principal Telephone Number (305) 253-5099

Principal Telephone Number

Pharmaceuticals

Areas of Interest/General & Specific Subject Matter

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 Broward

COUNTY OF

Sworn to (or affirmed) and subscribed before me this

31

day of January, 20 24 by Don Cheney J.A.R.

(Signature of Notary Public—State of Florida)

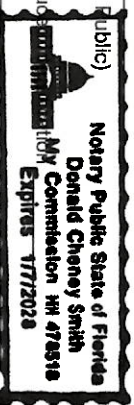
Don Cheney J.A.R.

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

Personally Known

OR Produced

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

Noven Pharmaceuticals

Principal Name

hereby authorizes

Leslie Roman

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Karl Bolt

Signature of Principal or Principal's Representative

Karl Bolt

Print Principal Name / Principal's Representative

Senior Regional Sales Mgr

Print Title of Principal / Principal's Representative

12/27/23

Date

Attach this authorization to your registration form.