



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 Maza biammattei First Name Maria
 422 Sebastian dr browetown VA 30813 Middle
 Mailing Address Maria . Maza biammattei @ synrehealthh. com
 Email Address (877) 710 0688 (407) 235 2811
 Office Number Cell Number

Synreess Health
 Lobbying Firm on behalf of which lobbyist is representing principal (if any)
 500 Atrium Drive Somerset New Jersey 08873
 Lobbying Firm's Mailing Address
(919) 876 9300
 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.

Maria Maza
 Original Signature of Lobbyist

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

PRINCIPAL #1 Synreess Health
 Principal Name
 500 Atrium Drive ~~VA~~ Somerset
 Principal Mailing Address
New Jersey 08873
(919) 876 9300
 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

STATE OF Georgia
 COUNTY OF Columbia
 Sworn to (or affirmed) and subscribed before me this 15 day of March 20 24 by Maria Maza Biammattei.
 (Signature of Notary Public - State of Florida) Daniel Karilus
 DANIEL KARIILUS
 NOTARY
 Georgia
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known _____ Name of Notary Public
 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

Maria Maza Giammattei

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Nina Averbuck

Electronically signed by: Nina
Averbuck
Reason: Consent
Date: Mar 13, 2024 15:27 EDT

Signature of Principal or Principal's Representative

Nina Averbuck

Print Principal Name / Principal's Representative

Associate Director

Print Title of Principal / Principal's Representative

3/13/24

Date

Attach this authorization to your registration form.