



**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:

CASTANO HUGO MARK
Last Name First Name Middle

16118 SW 61 LN
Mailing Address

~~XXXXXXXXXX~~ hugomcastano@gmail.com
Email Address

() 305 926-4808
Office Number Cell Number

SYNEOS HEALTHCARE

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

16118 SW 61 LN MIAMI FL 33143
Lobbying Firm's Mailing Address

305 926-4808
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.

Hugo Castano
Original Signature of Lobbyist

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

PRINCIPAL #1 _____
Principal Name

Principal Mailing Address

() _____
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 _____
Principal Name

Principal Mailing Address

() _____
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 _____
Principal Name

Principal Mailing Address

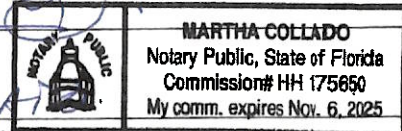
() _____
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 11 day of July, 2023 by Hugo Castano

Martha Collado
(Signature of Notary Public—State of Florida)



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

Personally Known _____ OR Produced Identification
Type of Identification Produced FDL