



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? 2023-2024

LOBBYIST:

Last Name: Bartels First Name: Nella Middle: E

Mailing Address: 1235 The Pointe Drive West Palm Beach, FL 33409

E-mail Address: nella.bartels@syneoshealth.com

Office Number: (833) 298 4424 EXT 4985# Call Number: (610) 602 9886

Everic Bio

I lobbying firm on behalf of which lobbyist is representing principal (if any)

I lobbying firm's Mailing Address: 8 Sylvan Way, Passipony NJ, 07054

Telephone Number: (609) 979 6755

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.

Nella Bartels
Original Signature of Lobbyist

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

PRINCIPAL #1 Syneos Health
Principal Name: Syneos Health
Principal Mailing Address: 100 Brandywine Blvd, Newtown, PA 18940

Principal Telephone Number: (305) 351 9955
Areas of Interest/General & Specific Subject Matter: _____

PRINCIPAL #2 N/A
Principal Name: N/A

Principal Mailing Address: _____

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

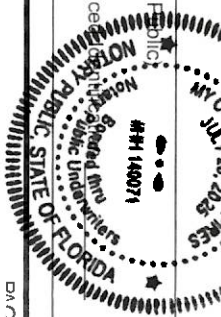
PRINCIPAL #3 N/A
Principal Name: N/A

Principal Mailing Address: _____

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

STATE OF FLORIDA
COUNTY OF Palm Beach
Sworn to (or affirmed) and subscribed before me this 7th day of February 2024 by Jay Koffman
(Signature of Notary Public--State of Florida)

(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

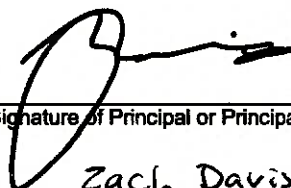
Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar 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

Syneos Health
Principal Name

hereby authorizes

Nella Bartels
Lobbyist's Name

Pharmaceuticals
Description of Principal's Main Business


Signature of Principal or Principal's Representative

Zach Davis
Print Principal Name / Principal's Representative

VER manager
Print Title of Principal / Principal's Representative

2/7/24
Date

Attach this authorization to your registration form.