



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 Beard First Name Nicklaus Middle Jarrett

Mailing Address 135 Duryea Rd., Melville NY 11747

Email Address Nick.Beard@henryschein.com

Office Number (678) 764-0368 Cell Number

N/A

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

N/A

Lobbying Firm's Mailing Address

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 Henry Schein Inc.
Principal Name

135 Duryea Rd
Principal Mailing Address

Melville NY 11747

(631) 843-5500
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

Healthcare Solutions

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~~ Georgia
COUNTY OF Cobb

Sworn to (or affirmed) and subscribed before me this

October, 2023 by Nicklaus Beard

Beard

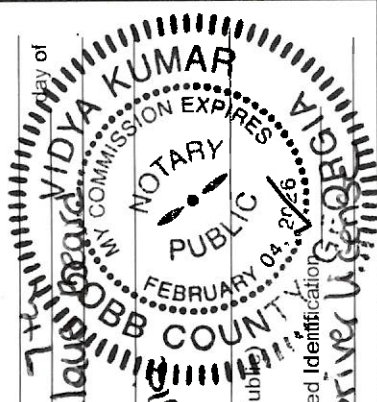
(Signature of Notary Public--State of ~~Florida~~) Georgia

Vidya Kumar

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

Personally Known _____ OR Produced Identification _____

Type of Identification Produced Georgia Driver's 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

Henry Schein Inc.

Principal Name

hereby authorizes

Nick Beard

Lobbyist's Name

healthcare solutions

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Brad Clark

Print Principal Name / Principal's Representative

Vice President, Business Development

Print Title of Principal / Principal's Representative

8/29/23

Date

Attach this authorization to your registration form.