



# 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 \_\_\_\_\_

**LOBBYIST:** Pierre Preval G  
 Last Name                      First Name                      Middle  
4021 San Marino Blvd Apt 202 W PB 33409  
 Mailing Address  
Ppreval214@gmail.com / Preval.Pierre@SYNEOShealth.com  
 Email Address  
 ( ) \_\_\_\_\_  
 Office Number                      Cell Number 561 3319779

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

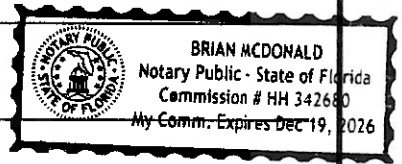
**PRINCIPAL #1** Syneos Health  
 Principal Name  
 \_\_\_\_\_  
 Principal Mailing Address  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Principal Telephone Number  
Pharmaceutical Sales  
 Areas of Interest/General & Specific Subject Matter

**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 Palm Beach  
 Sworn to (or affirmed) and subscribed before me this 31<sup>st</sup> day of Aug, 2023 by Pierre Preval

(Signature of Notary Public - State of Florida)   
 \_\_\_\_\_  
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known \_\_\_\_\_ OR Produced Identification   
 Type of Identification Produced FULL

## 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](http://www.browardhealth.org)

Troy Swanson  
Principal Name

hereby authorizes

Preval Pierre  
Lobbyist's Name

#### Commercial Sales

Description of Principal's Main Business

*Troy Swanson*

Signature of Principal or Principal's Representative

Troy Swanson

Print Principal Name / Principal's Representative

Regional Sales Leader

Print Title of Principal / Principal's Representative

8/29/2023

Date

Attach this authorization to your registration form.