



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:

Last Name: Hammner First Name: Robert Middle: K
 135 Duryea Road, Melville, NY 11747

Mailing Address: _____
 Your own email: _____
 Email Address: _____

Office Number: _____ Call Number: 631-222-5731
 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 Road

Principal Mailing Address
 Melville, NY 11747

Principal Telephone Number
 631-843-5500

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

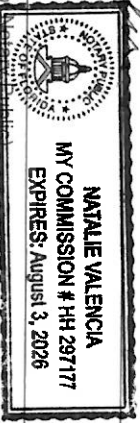
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA
 COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 9th day of September, 2013, by Robert Hammner

(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 Driver License

Principal Authorization Form

Authorization to Represent the Principal

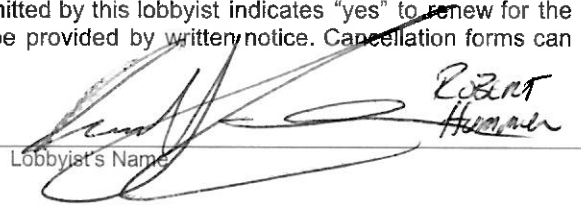
Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar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

Lobbyist's Name



Robert Hoover

healthcare solutions

Description of Principal's Main Business

Signature of Principal or Principal's Representative



Christopher S. Verhulst

Print Principal Name / Principal's Representative

Dental East - VP

Print Title of Principal / Principal's Representative

1/10/2023

Date

Attach this authorization to your registration form.