



# 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:**

MARIN BERMUDEZ    SAMUEL    E  
Last Name                      First Name                      Middle

368 MORAY DR SW    Palme Bay FL 32908  
Mailing Address

SAHUEL.MARIN@IAVIA.COM  
Email Address

( )                      (786) 3805476  
Office Number                      Cell Number

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**    IAVIA CSMS US INC

Principal Name

100 IMS DRIVE

Principal Mailing Address

PARSI PANNY, NJ 07054

(866) 267 4479

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 Broward

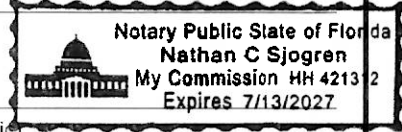
Sworn to (or affirmed) and subscribed before me this 29<sup>th</sup> day of

August, 2023 by Samuel Marin Bermudez

(Signature of Notary Public--State of Florida)

Nathan Sjogren

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



Personally Known \_\_\_\_\_ OR Produced Identification X

Type of Identification Produced Drivers 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](http://www.browardhealth.org)

**IQVIA CSMS US Inc.**

Principal Name

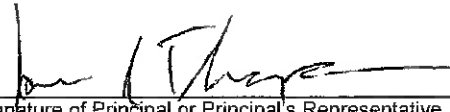
hereby authorizes

**SAMUEL E. MARIN BERNUDEZ.**

Lobbyist's Name

**Pharmaceutical Services**

Description of Principal's Main Business



Signature of Principal or Principal's Representative

**Jaime Thompson**

Print Principal Name / Principal's Representative

**SVP & GM, CSMS & MedTech, U.S.**

Print Title of Principal / Principal's Representative

**1/13/22**

Date

Attach this authorization to your registration form.