



**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 23

**LOBBYIST:**  
Rapaport                      Taylor                      Marissa  
 Last Name                      First Name                      Middle

1619 Three Cabins Dr Atlanta GA 30317  
 Mailing Address

taylor.rapaport@syneoshealth.com  
 Email Address

(352) 587-4440                      (631) 275-7632  
 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.*

Taylor Rapaport  
 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

1030 Sync St  
 Principal Mailing Address

Morrisville NC 27560  
(919) 876-9300  
 Principal Telephone Number

Pharmaceuticals  
 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

( )

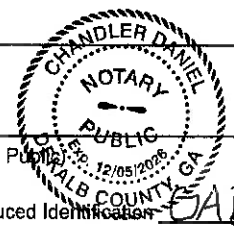
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA  
 COUNTY OF DeKalb County (Georgia)

Sworn to (or affirmed) and subscribed before me this 13<sup>th</sup> day of June, 2023 by Chandler Daniel

Chandler D.  
 (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 EADL

## 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)

Syneos Health

Principal Name

hereby authorizes

Taylor Rapaport

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Michael DeGaurre

Signature of Principal or Principal's Representative

Michael DeGaurre

Print Principal Name / Principal's Representative

VP, Medical Affairs

Print Title of Principal / Principal's Representative

6/8/23

Date

Attach this authorization to your registration form.