

NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

| | (SEE BACK FOR INSTRUCTIONS) |
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| For what purpose are you using this form? New Registration Change to Profile Renewal To which fiscal year does this form apply? 20 | Provide the names, business address, telephone number and area of interest of each principal represented. Henry Schein Inc. PRINCIPAL #1 Rejected Name |
| LOBBYIST: Marshall Todd B Last Name First Name Middle | Principal Name 135 Duryea Road Principal Mailing Address Melville, NY 11747 |
| 135 Duryea Road, Melville, NY 11747 Mailing Address todd.marshall@henryschein.com | Principal Telephone Number |
| Email Address 954-383-0021954-383-0021 | Areas of Interest/General & Specific Subject Matter PRINCIPAL #2 |
| N/A Lobbying Firm on behalf of which lobbyist is representing principal (if any) | Principal Name Principal Mailing Address |
| N/A Lobbying Firm's Mailing Address () | Principal Telephone Number Areas of Interest/General & Specific Subject Matter |
| 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? Yes. State with whom and explain: | PRINCIPAL #3 Principal Name Principal Mailing Address |
| | Principal Telephone Number Areas of Interest/General & Specific Subject Matter |
| Have you ever been an employee of Broward Health? Date of Employment Date of Separation | STATE OF FLORIDA BIOU AID COUNTY OF BIOU AID Sworp (or affirmed) and subscribed before me this 24th day of |
| No Yes, Date of Service Date of Separation Notary Public State of Florida Robert J. Chalmers | (Signature of Notery Public-State of Florida) |
| I do solemnly swear that all the foregoing fects are true aritic correction. My Commission MH 365797 | (Print, Type, or Stamp Commissioned Name of Notary Public) And Personally Known OR Produced Identification Fl. Drugs Livens |
| Original Signature of Lobbyist | Type of Identification Produced 10 (1991) |

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Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist <u>as they are shown on the registration form</u>, 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

healthcare solutions

Description of Principal's Main Business

Principal Name

hereby authorizes

Todd Marshall

Lobbyist's Name

Signature of Principal or Principal's Representative

Brad Clark

Print Principal Name / Principal's Representative

VP of Business Development

Print Title of Principal / Principal's Representative

6/26/20

Date

Attach this authorization to your registration form.