



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 23-24

LOBBYIST:

Last Name: Owens First Name: Zachary Middle: Wren

2308 Marcoe Ave. Apt. 2 Cincinnati, OH 45212

Mailing Address: Zach.Owens@syneshealth.com

Email Address: 877, 755-0030 Cell Number: 877, 755-0030

Office Number: GSK (Synes Health)

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

410 Blackwell St. Durham, NC 27701

Lobbying Firm's Mailing Address: 800, 245-1040

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.

[Signature]
 Original Signature of Lobbyist

Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1 GSK
 Principal Name: 410 Blackwell St. Durham, NC 27701
 Principal Mailing Address: _____

800, 245-1040
 Principal Telephone Number: _____
 Areas of Interest/General & Specific Subject Matter: Pharmaceuticals

PRINCIPAL #2 N/A
 Principal Name: _____

Principal Mailing Address: _____

Principal Telephone Number: _____

Areas of Interest/General & Specific Subject Matter: _____

PRINCIPAL #3 N/A
 Principal Name: _____

Principal Mailing Address: _____

Principal Telephone Number: _____

Areas of Interest/General & Specific Subject Matter: _____

STATE OF ~~FLORIDA~~ Ohio
 COUNTY OF ~~HAMILTON~~ _____
 Sworn to (or affirmed) and subscribed before me this 10th day of April, 2024 by Zachary Wren
Bridgette Coletta
 Notary Public, State of Ohio
 My Commission Expires 06/15/2028



Personally Known _____ OR Produced Identification
 Type of Identification Produced Ohio 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

Syneos Health (GSK)

Principal Name

hereby authorizes

Zach Owens

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Christine Lugones

Print Principal Name / Principal's Representative

Christine Lugones-Engagement Center Manager

Print Title of Principal / Principal's Representative

11.08.23

Date

Attach this authorization to your registration form.