



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: Allen First Name: Kendrick Middle: _____
2313 NW 139th AVE

Email Address: _____
(754) 422-2110 Cell Number: (754) 422-2110
Office Number: _____

Immunity Bio (Syneos Health)
Lobbying Firm on behalf of which lobbyist is representing principal (if any)
1951 N.W. 7th Ave Suite 450
Lobbying Firm's Mailing Address
(305) 547-5800
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 Immunity Bio (Syneos Health)
Principal Name
1951 N.W. 7th Ave Suite 450
Principal Mailing Address
MIAMI, FL 33136
(754) 422-2110
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 NA
Principal Name

Principal Mailing Address _____
Principal Telephone Number _____

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 NA
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 02 day of July, 2021 by Kendrick Kvet Allen

(Signature of Notary Public--State of Florida)
Yuderquis Coello
YUDERQUIS COELLO
Commission # HH 210413
Expires December 21, 2022

Personally Known _____ OR Produced Identification _____
Type of Identification Produced FL Driver License



Principal Authorization Form

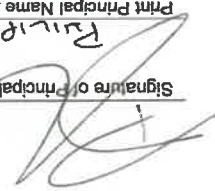
Authorization to Represent the Principal

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

Syneos Health Corporation hereby authorizes Kendrick Allen Lobbyist's Name

Principal Name Syneos Health Corporation

Description of Principal's Main Business Pharmaceutical

Signature of Principal or Principal's Representative 

Print Principal Name / Principal's Representative Kendrick Allen

Print Title of Principal / Principal's Representative NATIONAL PROJECT LEAD

Date 5-21-24

Attach this authorization to your registration form.