



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 24-2025

LOBBYIST:

Last Name BASINSKY First Name Brett Middle STEPHEN

155 ANDOVER DR., SUITE 200, FL 33458

Mailing Address BRETT.BASINSKY@SYNEOSHEALTH.COM

Email Address

Office Number (954) 732-0618 Call 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 SYNEOS HEALTH

Principal Name 300 CROSSING BLVD, 3RD FLOOR

Principal Mailing Address

BALDWINVILLE, NY 10807

Principal Telephone Number 919, 876-9300 PHARMACEUTICALS

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2

Principal Name PIRMOE PHARMACEUTICALS

Principal Mailing Address 201 TRAESSEN BLVD.

Principal Telephone Number

STAMFORD, CT 06909

Principal Telephone Number (203) 588-8000 PHARMACEUTICALS

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 TALMADGE

Sworn to (or affirmed) and subscribed before me this 17th day of June 2024 by Brett S. Basinski

(Signature of Notary Public—State of Florida)

Philip L. Suarez

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



Personally Known _____ OR Produced Identification

Type of Identification Produced FL DL

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 c/o Purdue Pharma

Principal Name

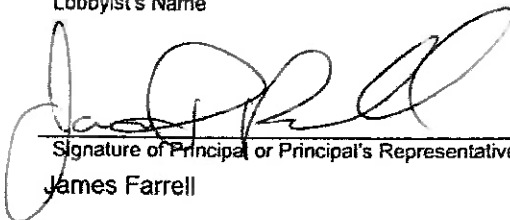
hereby authorizes

Brett Basinski

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business



Signature of Principal or Principal's Representative

James Farrell

Print Principal Name / Principal's Representative

Regional Manager

Print Title of Principal / Principal's Representative

6-12-24

Date

Attach this authorization to your registration form.