



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

LOBBYIST:

Last Name: Cornell First Name: Cherise Middle: Marie

Mailing Address: 5220 Brite Beach Rd Bunkersprings FL 34134

Email Address: Cherise.Cornell@BMS.com

Office Number: (888) 255-2154 Cell Number: _____

Lobbying Firm on behalf of which lobbyist is representing principal (if any): Bristol Myers Squibb

Lobbying Firm's Mailing Address: 100 Nassau Park Blvd Princeton NJ 08540

Telephone Number: (800) 332-2056

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?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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: [Signature] Cherise Cornell 6/15/24

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

PRINCIPAL #1 Syneos Health
 Principal Name
1030 Sycamore Street, Morrisville, NC 27560
 Principal Mailing Address

(305) 351-9951
 Principal Telephone Number
67722405
 Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2 LA
 Principal Name
 Principal Mailing Address

Principal Telephone Number
 Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 LA
 Principal Name
 Principal Mailing Address

Principal Telephone Number
 Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA LEG
 COUNTY OF

Sworn to (or affirmed) and subscribed before me this 15th day of June 2024 by Cherise Cornell

(Signature of Notary Public—State of Florida) [Signature] **SCOTT FAST**
 Notary Public
 State of Florida

(Print, Type, or Stamp Commissioned Name of Notary Public) Scott Fast
 Commission # HH179727
 Expires 9/21/2025

Personally Known _____ OR Produced Identification License
 Type of Identification Produced

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 hereby authorizes Cheerise M Corcell
Principal Name Lobbyist's Name

Pharmaceuticals
Description of Principal's Main Business

Michael DeGroot
Signature of Principal or Principal's Representative

Michael DeGroot
Print Principal Name / Principal's Representative

VP, Medical Affairs
Print Title of Principal / Principal's Representative

6/18/24
Date

Attach this authorization to your registration form.