



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 CASH First Name Duane Middle Joseph
2440 E Preserve Way Miramar, FL 33025 Apt. 207
 Mailing Address Duane Cash @ Warnerbeck
 Email Address _____
 Office Number (754) 210-4973
 Cell Number _____

Synecos health

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

500 Atrium Drive, Somerset, New Jersey, 08873
 Lobbying Firm's Mailing Address (1800) 916-0555
 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 Principal Name Synecos health
 Principal Mailing Address 500 Atrium Drive, Somerset, New Jersey 08873
 Principal Telephone Number (1800) 916-0555
 Areas of Interest/General & Specific Subject Matter Pharmaceuticals

PRINCIPAL #2 Principal Name _____
 Principal Mailing Address _____
 Principal Telephone Number _____

PRINCIPAL #3 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 25th day of June, 2024 by Duane Cash

[Signature]
 (Signature of Notary Public—State of Florida)
SARAH LEONARD
 MY COMMISSION # HH 336752
 EXPIRES: November 29, 2026

Personally Known _____ OR Produced Identification CW-170 93-44-0
 Type of Identification Produced _____