



# 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: DVOROZNAK    First Name: ERIN    Middle: TAYLOR

501 SE 2<sup>nd</sup> ST (APT 1400) FORT LAUDERDALE FL 33301

Mailing Address: erin.dvoroznak@gmail.com

Email Address:

(239) 250-1990

Office Number:

(239) 250-1996

Cell Number

Syneos Health

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

200 CROSSING BLVD, 3<sup>rd</sup> FLOOR, BRIDGEWATER, NJ 08807

Lobbying Firm's Mailing Address

(800) 410-0005

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.**

Erin Dvoroznak

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

200 CROSSING BLVD, 3<sup>rd</sup> FLOOR, BRIDGEWATER, NJ 08807    Principal Mailing Address

(800) 410-0005    Principal Telephone Number

Principal Telephone Number

PHARMACEUTICALS

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2    N/A    Principal Name

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3    N/A    Principal Name

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 24<sup>th</sup> day of September, 2024 by Erin Dvoroznak

APK/II    Steven Kelly

(Signature of Notary Public--State of Florida)

Comm.: HH 493315

Expires: Feb. 15, 2028

Notary Public - State of Florida

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

Personally Known

OR Produced Identification

Type of Identification Produced Driver's 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](http://www.browardhealth.org)

Syneos Health

Principal Name

hereby authorizes

Erin Dvoroznak

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Jackie Morris

Signature of Principal or Principal's Representative

Jackie Morris

Print Principal Name / Principal's Representative

Manager

Print Title of Principal / Principal's Representative

9/24/24

Date

Attach this authorization to your registration form.