



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: Hernandez First Name: Giovanni Middle: _____
 Mailing Address: 6982 NW 148th St, Miami Lakes, FL 33018
 Email Address: Gio.hernandez@syneoshealth.com
 Office Number: _____ Cell Number: (334) 477-2515

Syneos Health
 Lobbying Firm on behalf of which lobbyist is representing principal (if any)
 1030 Sync St. Morrisville, NC 27560
 Lobbying Firm's Mailing Address
 Telephone Number: (919) 8769300

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: 1030 Sync St. Morrisville, NC 27560
 Principal Mailing Address: _____
 Principal Telephone Number: (919) 8769300
 Areas of Interest/General & Specific Subject Matter: Pharmaceuticals

PRINCIPAL #2
 Principal Name: _____
 Principal Mailing Address: _____
 Principal Telephone Number: _____
 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 Miami Dale
 COUNTY OF ^{day of} April 2024 by Giovanni Hernandez
 Sworn to (or affirmed) and subscribed before me this _____ day of _____ by Giovanni Hernandez
 (Signature of Notary Public - State of Florida) MICHAEL DELGADO
 Notary Public
 State of Florida
 Commission # HH260995
 Expires 7/9/2026

(Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known: _____ OR Produced Identification: _____
 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
Principal Name
Lobbyist's Name
Giovanni Hernandez

Pharmaceuticals
Description of Principal's Main Business

Signature of Principal or Principal's Representative
Weston Nickerson

Print Principal Name / Principal's Representative
District Sales Manager

Print Title of Principal / Principal's Representative
4/10/24

Date

Attach this authorization to your registration form.