



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: **Frazier** First Name: **Heather** Middle: **N**

Mailing Address: **53 Mascotte Pl, St Johns Fl 32259**

Email Address: **heather.frazier@syneoshealth.com**

Office Number: **904-599-2898** Cell Number: _____

Syneos Health

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

200 Crossing Blvd., 3rd Floor

Lobbying Firm's Mailing Address: **732-537-4903**

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.

Heather Frazier

Original Signature of Lobbyist

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

Syneos Health

PRINCIPAL #1 Principal Name _____

Principal Mailing Address: **200 Crossing Blvd 3rd Floor**

Principal Telephone Number: **782-537-4903**

Areas of Interest/General & Specific Subject Matter

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 _____

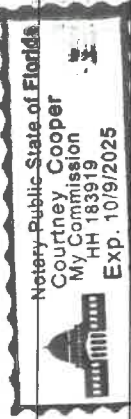
Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA

COUNTY OF **St Johns**

Sworn to (or affirmed) and subscribed before me this **27** day of **July**, 20 **24** by **Heather Frazier**

CA [Signature]



(Signature of Notary Public—State of Florida)

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

Personally Known _____ OR Produced Identification **X**

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 the 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
Principal Name

hereby authorizes

Heather Frazier
Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Syneos Health/Susanna Petatos
Signature of Principal or Principal's Representative

Print Principal Name / Principal's Representative

Sales Director/Susanna Petatos

Print Title of Principal / Principal's Representative

6/25/2024

Date

Attach this authorization to your registration form.