



# 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 Zomick First Name Jenifer Middle P.  
 5142 Palmetto Pl. Broward Beach, FL 33437  
 Mailing Address Jenifer.Zomick@syncohealth.com  
 Email Address (908) 415-5798 Cell Number (908) 415-5798  
 Office Number

Synco Health  
 Lobbying Firm on behalf of which lobbyist is representing principal (if any)  
200 Crossing Blvd. 3rd Floor Broward Beach, NJ 08807  
 Lobbying Firm's Mailing Address (800) 416-0555  
 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.

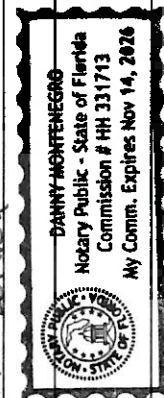
**PRINCIPAL #1** Synco Health  
 Principal Name 200 Crossing Blvd. 3rd Fl.  
 Principal Mailing Address Bridgewater NJ 08807  
(800) 416-0555  
 Principal Telephone Number Pharmaceuticals  
 Areas of Interest/General & Specific Subject Matter

**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 Palm Beach  
 COUNTY OF \_\_\_\_\_  
 Sworn to (or affirmed) and subscribed before me this 14 day of June 20 24 by Jenifer Zomick

Danny Montenegro  
 Signature of Notary Public--State of Florida



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

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
 Type of Identification Produced Florida 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

Jenifer Zomick

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Julie Koontz

Signature of Principal or Principal's Representative

Julie Koontz

Print Principal Name / Principal's Representative

District Manager

Print Title of Principal / Principal's Representative

June 5, 2024

Date

Attach this authorization to your registration form.