



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:

PHHELPS
 Last Name: PHHELPS, First Name: KELLY, Middle:
 231 DREAMWOP RD WOPRHT, SC 29388
 Mailing Address: Kphelps2@its.fj.com
 Email Address: 844-757-0043
 Office Number: 864-787-8036
 Cell Number: JANSSEN BIOTECH
 Lobbying Firm on behalf of which lobbyist is representing principal (if any):
 800 Ridgenew Dr. MORSHAN, PA. 19044
 Lobbying Firm's Mailing Address:
 (800) 524-7736
 Telephone Number

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

PRINCIPAL #1
 Principal Name: SYNEOS HEALTH
 Principal Mailing Address: 1030 SYNC STREET MORRISHIKE, NC 27500
 Principal Telephone Number: (919) 876-9300
 Areas of Interest/General & Specific Subject Matter: PHARMACEUTICAL

PRINCIPAL #2
 Principal Name: N/A

Principal Mailing Address: _____
 Principal Telephone Number: _____
 Areas of Interest/General & Specific Subject Matter: _____

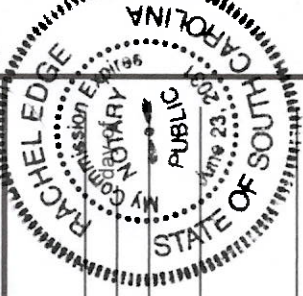
PRINCIPAL #3
 Principal Name: _____
 Principal Mailing Address: _____
 Principal Telephone Number: _____
 Areas of Interest/General & Specific Subject Matter: _____

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: Kelly Phelps



STATE OF ~~FLORIDA~~ South Carolina
 COUNTY OF Spartanburg
 Sworn to (or affirmed) and subscribed before me this
 June 20th 2014 by Kelly Phelps
 Rachel Edge
 (Signature of Notary Public--State of Florida)
 Personally Known _____ OR Produced Identification _____
 Type of Identification Produced 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

Syneos Health

Principal Name

hereby authorizes

Kelly Phelps

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Michelle Hilliard-Hodge

Signature of Principal or Principal's Representative

Michele Hilliard Hodge

Print Principal Name / Principal's Representative

Syneos Health District Manager

Print Title of Principal / Principal's Representative

06/06/2024

Date

Attach this authorization to your registration form.