



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

LOBBYIST:

LAST NAME: MADINA FIRST NAME: LEXIA MIDDLE: LUKAN

3409 S FADDERY 71 HWY UNIT G BOYNTON BEACH FL

MAILING ADDRESS: LEXIA.MADINA@SYNPOSHTH.COM 33435

EMAIL ADDRESS: N/A

OFFICE NUMBER: N/A CELL NUMBER: 270, 348-6859

SYNPOS HEALTH

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

1030 SYNPOS ST MURKSVILLE NORTH CAROLINA 27560

LOBBYING FIRM'S MAILING ADDRESS

(919) 976 9300

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 of Lobbyist: Jamie Medema

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

PRINCIPAL #1 SYNPOS HEALTH

1030 SYNPOS ST. MURKSVILLE NORTH CAROLINA 27560

Principal Mailing Address

(919) 976 9300

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter: PHARMACEUTICALS

PRINCIPAL #2 N/A

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 N/A

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA Palm Beach COUNTY OF

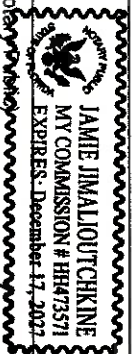
Sworn to (or affirmed) and subscribed before me this 20th day of

July 2024 by Lexie Medina

(Signature of Notary Public--State of Florida)

Jamie Medema

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



Personally Known OR Produced Identification Type of Identification Produced Drivers 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

Laxia Madina

Lobbyist's Name

PHARMACEUTICALS

Description of Principal's Main Business

Rene Medenee

Signature of Principal or Principal's Representative

LAXIA MADINA

Print Principal Name / Principal's Representative

Print Title of Principal / Principal's Representative

06-20-24

Date

Attach this authorization to your registration form.