



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? 2024-2025

LOBBYIST:

Last Name: Maria Biammattei First Name: Maria Middle: F

Mailing Address: 9608 Andrea rose dr Orlando FL, 32835

Mailing Address:

Maria.matagiannattei@syneshealth.com

Email Address:

Office Number: (817) 110-0688 Cell Number: 401 235-2811

Synes Health

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

1030 Sync Street Morrisville, North Carolina 27560

Lobbying Firm's Mailing Address

Telephone Number: (919) 816-9306

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.

Maria Biammattei

Original Signature of Lobbyist

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

PRINCIPAL #1 Synes Health

Principal Name: 1030 Sync Street Morrisville, North Carolina 27560

Principal Mailing Address

Principal Telephone Number: (919) 816-9300

Principal Mailing Address

Areas of Interest/General & Specific Subject Matter

Pharmaceuticals

PRINCIPAL #2

N/A

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3

N/A

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA

COUNTY OF Columbia

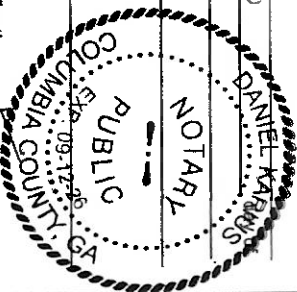
Sworn to (or affirmed) and subscribed before me this 20

2024 by Daniel Karis

(Signature of Notary Public--State of Florida)

Daniel Karis Georgia

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



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

Maria Maza

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business

Danny Ferreira

Signature of Principal or Principal's Representative

Danny Ferreira

Print Principal Name / Principal's Representative

Director, Engagement Center

Print Title of Principal / Principal's Representative

6/12/2024

Date

Attach this authorization to your registration form.