



**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: Gonzalez First Name: Norma Middle: I
 Mailing Address: 1435 Cardinal Way Weston FL 33327
 Email Address: ngonza85@its.jnj.com
 Office Number: _____ Cell Number: (954) 695 3939

Lobbying Firm on behalf of which lobbyist is representing principal (if any):
Syneos Health
500 Atrium Dr Somerset NJ 08873
 Lobbying Firm's Mailing Address:
(954) 695 3939
 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: _____

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

PRINCIPAL #1 Principal Name: Syneos Health
 Principal Mailing Address: 500 Atrium Dr Somerset NJ 08873
 Principal Telephone Number: (954) 695 3939
 Areas of Interest/General & Specific Subject Matter: Pharmaceuticals

PRINCIPAL #2 Principal Name: N/A
 Principal Mailing Address: _____
 Principal Telephone Number: _____
 Areas of Interest/General & Specific Subject Matter: _____

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

STATE OF FLORIDA
 COUNTY OF Broward
 Sworn to (or affirmed) and subscribed before me this 11 day of July, 2024 by Norma Ivis Gonzalez

Nitto Gonzalez
 (Signature of Notary Public—State of Florida)
NITTO GONZALEZ
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known _____ OR Produced Identification
 Type of Identification Produced: Florida Drivers License

OATH

I do solemnly swear that all the foregoing facts are true and correct.

 Original Signature of Lobbyist

