



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: Logan-Wyner First Name: Sheila Middle: _____
 Mailing Address: 8815 Woodside Ct Dave FL 33328
 Email Address: swyner@comcast.net
 Office Number: _____ Cell Number: (954) 809-9035

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

Johnson + Johnson

Lobbying Firm's Mailing Address

1125 Trenton-Harbourton Rd. Titusville NJ 08560

Telephone Number

(800) 586-7136

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.

 Original Signature of Lobbyist

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

PRINCIPAL #1 Johnson + Johnson

Principal Mailing Address: 1125 Trenton-Harbourton Rd.

Principal Telephone Number: (800) 586-7136

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 _____

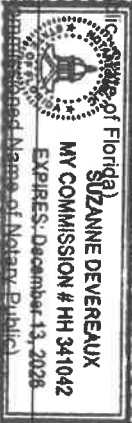
Principal Telephone Number _____

Areas of Interest/General & Specific Subject Matter _____

STATE OF FLORIDA Broward

Sworn to (or affirmed) and subscribed before me this August day of 2024 by Sheila Wyner

(Signature of Notary Public)



Personally Known _____ OR Produced Identification _____
 Type of Identification Produced FDL W560780678450

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

Principal Name Johnson & Johnson hereby authorizes Shelia Logan-Wyner Lobbyist's Name

Description of Principal's Main Business Pharmaceuticals
Signature of Principal or Principal's Representative 

Print Principal Name / Principal's Representative Tosiah Diaz

Print Title of Principal / Principal's Representative Senior District Manager

Date 07/16/2004

Attach this authorization to your registration form.