



# 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: Henderson First Name: Tamara Middle: C  
 Address: 8310 Summer Grove Road Tampa, FL 33647  
 Mailing Address: tamara.henderson@syneos.com  
 Office Address: (336) 324-1515 Cell Number: (336) 324-1515  
 Office Number: (336) 324-1515

**Syneos Health**

Lobbying Firm on behalf of which lobbyist is representing principal (if any):  
200 Crossing Blvd Bridgewater, NJ 08807  
 Lobbying Firm's Mailing Address:  
(919) 876-9300  
 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.*

Tamara C. Henderson

Original Signature of Lobbyist

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

**PRINCIPAL #1** Syneos Health Principal Name  
200 Crossing Blvd 3<sup>rd</sup> floor Principal Mailing Address  
Bridgewater, NJ 08807  
(919) 876-9300 Principal Telephone Number  
Pharmaceuticals Areas of Interest/General & Specific Subject Matter

**PRINCIPAL #2** N/A Principal Name

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

**PRINCIPAL #4** N/A Principal Name  
 Principal Mailing Address: \_\_\_\_\_  
 Principal Telephone Number: \_\_\_\_\_  
 Areas of Interest/General & Specific Subject Matter: \_\_\_\_\_

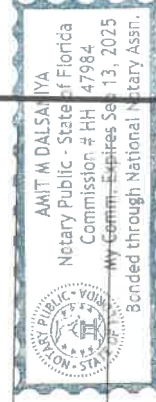
**STATE OF FLORIDA**  
**COUNTY OF HILLSBOROUGH**  
 Sworn to (or affirmed) and subscribed before me this 3 day of JULY 2024, 2024 by TAMARA C. HENDERSON  
A. M. DALSARAYA

(Signature of Notary Public--State of Florida)

AMIT M. DALSARAYA

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

Personally Known \_\_\_\_\_ OR Produced Identification FLD  
 Type of Identification Produced \_\_\_\_\_



**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 d/b/a 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](http://www.browardhealth.org)

Principal Name Syneos Health hereby authorizes Tamara Conwell Henderson Lobbyist's Name

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

Print Principal Name / Principal's Representative Jason Karpus

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

Date 6/28/14

Attach this authorization to your registration form.