



# 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: Woodridge    First Name: Tonyette    Middle: \_\_\_\_\_  
 Mailing Address: 5439 Dockery Drive  
Tonyette@notmail.com  
 Email Address: \_\_\_\_\_  
 Office Number: \_\_\_\_\_    Cell Number: 480,390-0149

Office Number: Syneos

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

200 Crossing Blvd, 3rd Floor, Bridgewater NJ  
 Lobbying Firm's Mailing Address: \_\_\_\_\_  
908,451-3010    Telephone Number: 08807

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**    Syneos    Principal Name  
 Principal Mailing Address: \_\_\_\_\_  
 Principal Telephone Number: \_\_\_\_\_    Pharmaceuticals  
 Areas of Interest/General & Specific Subject Matter: \_\_\_\_\_

**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: \_\_\_\_\_

Areas of Interest/General & Specific Subject Matter

909 North Carolina  
~~STATE OF FLORIDA~~

COUNTY OF Mecklenburg

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024 by Tonyette Woodridge

D.H.O.2

(Signature of Notary Public--State of Florida) 909 North Carolina

Dimesha D. Fields  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification NC DRIVERS LICENSE

Type of Identification Produced NC DRIVERS LICENSE

**DIMESHA D. FIELDS**  
 NOTARY PUBLIC  
 GUILFORD COUNTY  
 North Carolina  
 My Commission Expires June 08, 2028  
06/08/2028



# 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](http://www.browardhealth.org)

Principal Name

Symos

hereby authorizes

Lobbyist's Name

Joseph W. Waldrop

Description of Principal's Main Business

Pharmaceuticals

Signature of Principal or Principal's Representative

Katherine Miller

Print Principal Name / Principal's Representative

National Sales Director, Pediatrics

Print Title of Principal / Principal's Representative

6/10/2024

Date

Attach this authorization to your registration form.