



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 23-24

LOBBYIST:

Last Name: Owens
 First Name: Zach
 Middle: Wren
 Address: 2308 Monroe Ave. Apt. 2 Cincinnati, OH 45212
 Mailing Address: Zach.owens@syneoshealth.com
 Email Address: (877) 755-0030
 Office Number: (877) 755-0030
 Cell Number: (877) 755-0030

GSK (Syneos Health)

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

40 Blackwell St. Durham, NC 27701

Lobbying Firm's Mailing Address

800, 245-1040

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.

[Handwritten Signature]

Original Signature of Lobbyist _____

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

PRINCIPAL #1 GSK
 Principal Name: 40 Blackwell St. Durham, NC 27701
 Principal Mailing Address: _____
 Principal Telephone Number: _____
 Areas of Interest/General & Specific Subject Matter: Pharmaceuticals

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

STATE OF FLORIDA
COUNTY OF Hamilton

Sworn to (or affirmed) and subscribed before me this _____ day of _____

June, 2024 by Zachary W. Owens

Bridgette Coletta



(Signatures of Notary Public--State of Florida)

Bridgette Coletta

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

My Commission Expires 06/15/2028

Personally Known _____ OR Produced Identification

Type of Identification Produced Ohio Driver's 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

GSK

Principal Name

hereby authorizes

Zach Owens

Lobbyist's Name

Pharmaceuticals

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Christine Lugones

Print Principal Name / Principal's Representative

Engagement Center Manager

Print Title of Principal / Principal's Representative

6/13/24

Date

Attach this authorization to your registration form.