Table of Contents

1. Notice of Meeting..................................................................................................................2
2. Call to Order..........................................................................................................................3
3. Roll Call.................................................................................................................................3
4. Public Comments..................................................................................................................3
5. Topic of Discussion...............................................................................................................3
6. Millage Rate and Tax Hearings.............................................................................................3
   6.1. 2019 Rolled Back Millage Rate.................................................................................22
   6.2. Adoption of Proposed 2019 Millage Rate..................................................................22
   6.3. Setting of Date, Time and Place of First and Second Tax Hearings.........................22
7. Adjournment........................................................................................................................22
NOTICE OF MEETING

NORTH BROWARD HOSPITAL DISTRICT

BOARD OF COMMISSIONERS

SPECIAL BOARD MEETING

A Special Board of Commissioners Meeting will be held on Wednesday, July 24, 2019, at 10:00 a.m., at the Broward Health Corporate Spectrum Location: 1700 Northwest 49 Street, Fort Lauderdale, Florida, 33309. The purpose of this meeting, based upon statutory requirements and requisite timelines, is to certify the DR-420 form and any other applicable forms sent by the Broward County Property Appraiser; set the date, time, and meeting place to hold the FY 2019 tentative and final budget and tax public hearings; determine the roll-back millage rate for FY 2019; and set the proposed millage rate for FY 2019.

Persons with disabilities requiring special accommodations in order to participate should contact the District by calling 954-473-7100 at least 48 hours in advance of the meeting to request such accommodations.

Any person who decides to appeal any decision of the District’s Board with respect to any matter considered at these meetings will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings is made which record includes testimony and evidence upon which the appeal is to be based.
SUMMARY OF REQUEST

DATE: July 24, 2019

FACILITY / PROGRAM / PRODUCT LINE: North Broward Hospital District
Ad Valorem Tax Roll Process 2019

REQUEST: Approval of:
1. 2019 Rolled Back Millage Rate of 1.0324
2. Adoption of Proposed 2019 Millage Rate of 1.0324
3. Setting of Date, Time and Place for First and Second Tax Hearings

PURPOSE: Annual process requiring two public hearings and advertisement placement for review and subsequent approval of rolled back millage rate and proposed millage rate, for levy of taxes for FY 2019/2020.

STRATEGIC INITIATIVE (S) SUPPORTED: Certification Process for Appropriation of Ad Valorem Taxes

CAPITAL REQUIRED: Not Applicable

FISCAL IMPACT: See attached financial analysis and tax schedule

LEGAL REVIEW: General Counsel monitoring ongoing during the 105 days of Truth in Millage (TRIM) process

COMPLETION DATE: No later than October 26, 2019 for entire process

APPROVED: Gino Santorio, President/CEO

DATE: __________________

ALEX FERNANDEZ 07/22/2019 06:30 Eastern Daylight Time
Alex Fernandez, SVP Finance/CFO

DATE: __________________
MEMORANDUM

DATE: July 24, 2019

TO: BOARD OF COMMISSIONERS

FROM: Gino Santorio, President/CEO

SUBJECT: APPROVAL OF:

1. 2019 ROLLED-BACK MILLAGE RATE OF 1.0324
2. ADOPTION OF PROPOSED 2019 MILLAGE RATE OF 1.0324
3. SETTING OF DATE, TIME AND PLACE FOR FIRST AND SECOND TAX HEARINGS

BACKGROUND

Florida Statutes, Section 200.065 defines specific methods to be followed by all taxing bodies in establishing annual millage rates.

Florida law requires the North Broward Hospital District to advise the Broward County Property Appraiser of a proposed millage rate, its rolled-back rate and the date, time and place at which a public hearing will be held to consider the proposed millage rate and tentative budget. The District, as a taxing authority, must do this within 35 days of the date the Property Appraiser certifies the taxable values of property lying within the North Broward Hospital District. The District, as a taxing authority, advised the Property Appraiser of a proposed millage rate and rolled back rate on July 25, 2019, which was within the 35 day limit. The proposed millage rate and rolled back rate is 1.0324 mills.

ACTION PROJECT DESCRIPTION

1. FIRST REQUIRED ACTION BY THE BOARD OF COMMISSIONERS – THE 2018 ROLLED-BACK MILLAGE RATE MUST BE DETERMINED

Based upon the revised certified taxable value of property lying within the boundaries of the District, which was provided to us by the Broward County Property Appraiser on June 28, 2019, the North Broward Hospital District must compute a rolled-back millage rate. The rolled-back millage rate is defined as a millage rate which when applied to the assessed valuations, exclusive of new construction valuations, will yield gross tax receipts equivalent to the prior year’s gross tax receipts before any adjustments from the Valuation Adjustment Board.

Attached, as Exhibit “A” is the 2019 Certification of Taxable Value for the North Broward Hospital District. Based on aforementioned criteria, our computation of the rolled-back millage rate for 2019 is 1.0324 mills.
FINANCIAL / BUDGETARY IMPACT


STAFF RECOMMENDTION

Therefore, the Board of Commissioners of the North Broward Hospital District should, by appropriate motion, determine the roll-back millage rate for 2019 is 1.0324 mills.

ACTIONS/PROJECT DESCRIPTION

1. REQUIRED ACTION–THE 2019 PROPOSED MILLAGE RATE MUST BE DETERMINED

Staff recommends that the proposed millage rate to be set at 1.0324 mills, the same as the rolled-back rate. Under Florida Statutes Chapter 200, the “proposed rate” cannot be subsequently adjusted upward at either of the two required public hearings unless each taxpayer within the Taxing District is sent a special notice by first class mail of their taxes under the tentatively approved millage rate and their taxes under the higher rate to be adopted at the required public hearing.

STAFF ADVISEMENT

Therefore, based upon statutory requirements and process criteria, the North Broward Hospital District sets the proposed millage rate for 2019 at 1.0324
ACTION / JUSTIFICATION

2. REQUIRED ACTION– THE DATE, TIME AND PLACE OF TWO REQUIRED PUBLIC HEARINGS MUST BE SET

Florida Statutes require that two public hearings must be held for purposes of discussing and explaining reasons for the millage rate and receiving public comments.

Florida Statutes require that an advertisement must be placed in a local newspaper two (2) to five (5) days preceding the second (final) public hearing and must include a summary of the operating budget, and it must be held not more than fifteen (15) days after the first public hearing.

Public hearings may not be held on Sunday and, if held on Monday through Friday, must be after 5:00 p.m.

The Truth In Millage (TRIM) bill requires that certain public hearings for budget actions not be held on the same days (i.e., cannot be on the same dates set for the School Board and/or Broward County Commission). Attached, as Exhibit “C” is a calendar for the month of September 2019 reflective of significant dates, potential conflicts and recommended hearing dates for the North Broward Hospital District public hearings.

STAFF ADVISEMENT

Therefore, based upon statutory requirements and requisite timelines, the North Broward Hospital District advises that the following dates, times and places be used to hold the 2019 TRIM public hearings:

A) First hearing – Wednesday, September 11, 2019 at 5:30 p.m. at Broward Health Corporate Spectrum Location: 1700 Northwest 49 Street, Fort Lauderdale, Florida, 33309,

and

B) Second and final hearing – Friday, September 27, 2019 at 5:30 p.m. at Broward Health Corporate Spectrum Location: 1700 Northwest 49 Street, Fort Lauderdale, Florida, 33309.
# CERTIFICATION OF TAXABLE VALUE

**Year:** 2019  
**County:** BROWARD  
**Principal Authority:** NORTH BROWARD HOSPITAL DIST  
**Taxing Authority:** NORTH BROWARD HOSPITAL DIST

## SECTION I: COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value of real property for operating purposes  
   $133,351,164,480 (1)

2. Current year taxable value of personal property for operating purposes  
   $6,095,055,294 (2)

3. Current year taxable value of centrally assessed property for operating purposes  
   $95,926,154 (3)

4. Current year gross taxable value for operating purposes (Line 1 plus Line 2 plus Line 3)  
   $139,542,145,928 (4)

5. Current year net new taxable value (Add new construction, additions, rehabilitative improvements increasing assessed value by at least 100%, annexations, and tangible personal property value over 115% of the previous year’s value. Subtract deletions.)  
   $2,215,227,980 (5)

6. Current year adjusted taxable value (Line 4 minus Line 5)  
   $137,326,917,948 (6)

7. Prior year FINAL gross taxable value from prior year applicable Form DR-403 series  
   $130,436,593,172 (7)

8. Does the taxing authority include tax increment financing areas? If yes, enter number of worksheets (DR-420TIF) attached. If none, enter 0  
   □ YES □ NO Number 10 (8)

9. Does the taxing authority levy a debt service millage or a millage voted for 2 years or less under s. 9(b), Article VII, State Constitution? If yes, enter the number of DR-420DEBT, Certification of Voted Debt Millage forms attached. If none, enter 0  
   □ YES □ NO Number 0 (9)

**Property Appraiser Certification**  
I certify the taxable values above are correct to the best of my knowledge.  
**Signature of Property Appraiser:**  
**Electronically Certified by Property Appraiser**  
**Date:** 6/27/2019 10:41 AM

## SECTION II: COMPLETED BY TAXING AUTHORITY

If this portion of the form is not completed in FULL your taxing authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is not applicable, enter -0-.

10. Prior year operating millage levy (If prior year millage was adjusted then use adjusted millage from Form DR-422)  
    1.0855 per $1,000 (10)

11. Prior year ad valorem proceeds (Line 7 multiplied by Line 10, divided by 1,000)  
    $141,588,922 (11)

12. Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value (Sum of either Lines 6c or Line 7a for all DR-420TIF forms)  
    $4,470,424 (12)

13. Adjusted prior year ad valorem proceeds (Line 11 minus Line 12)  
    $137,118,498 (13)

14. Dedicated increment value, if any (Sum of either Line 6b or Line 7e for all DR-420TIF forms)  
    $4,513,534,751 (14)

15. Adjusted current year taxable value (Line 6 minus Line 14)  
    $132,813,383,197 (15)

16. Current year rolled-back rate (Line 13 divided by Line 15, multiplied by 1,000)  
    1.0324 per $1000 (16)

17. Current year proposed operating millage rate  
    1.0324 per $1000 (17)

18. Total taxes to be levied at proposed millage rate (Line 17 multiplied by Line 4, divided by 1,000)  
    $144,063,311 (18)

Continued on page 2
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<table>
<thead>
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</thead>
</table>
| 19. | TYPE of principal authority (check one)  
   | - County  
   | - Municipality  
   | - Independent Special District  
   | - Water Management District  
   | (19)  |
| 20. | Applicable taxing authority (check one)  
   | - Principal Authority  
   | - Dependent Special District  
   | - MSTU  
   | - Water Management District Basin  
   | (20)  |
| 21. | Is millage levied in more than one county? (check one)  
   | - Yes  
   | - No  
   | (21)  |

### DEPENDENT SPECIAL DISTRICTS AND MSTUS

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
</table>
| 22. | Enter the total adjusted prior year ad valorem proceeds of the principal authority, all  
   | dependent special districts, and MSTUs levying a millage.  
   | (The sum of Line 13 from all DR-420 forms)  
   | $ 137,118,498  
   | (22)  |
| 23. | Current year aggregate rolled-back rate (Line 22 divided by Line 15, multiplied by 1,000)  
   | 1.0324 per $1,000  
   | (23)  |
| 24. | Current year aggregate rolled-back taxes (Line 4 multiplied by Line 23, divided by 1,000)  
   | $144,063,311  
   | (24)  |
| 25. | Enter total of all operating ad valorem taxes proposed to be levied by the principal  
   | taxing authority, all dependent districts, and MSTUs, if any.  
   | (The sum of Line 18 from all DR-420 forms)  
   | $144,063,311  
   | (25)  |
| 26. | Current year proposed aggregate millage rate (Line 25 divided by Line 4, multiplied  
   | by 1,000)  
   | 1.0324 per $1,000  
   | (26)  |
| 27. | Current year proposed rate as a percent change of rolled-back rate (Line 26 divided by  
   | Line 23, minus 1, multiplied by 100)  
   | 0.00%  
   | (27)  |

#### First public budget hearing

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Place</th>
</tr>
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</table>

#### Taxing Authority Certification

I certify the millages and rates are correct to the best of my knowledge.  
The millages comply with the provisions of s. 200.065 and the provisions of  
either s. 200.071 or s. 200.081, F.S.

**Signature of Chief Administrative Officer:**

[Signature]

**Date:**

---

**Title:**  
Alex Fernandez, SVP/CFO

**Contact Name and Contact Title:**  
Modesto Gato, AVP Financial Management

**Mailing Address:**  
1800 NW 49th Street

**Physical Address:**  
1800 NW 49th Street

**City, State, Zip:**  
Fort Lauderdale, Florida 33309

**Phone Number:**  
954/847-4005

**Fax Number:**  
954/473-7009

---

Instructions on page 3
### MAXIMUM MILLAGE LEVY CALCULATION
#### PRELIMINARY DISCLOSURE
For municipal governments, counties, and special districts

**Year:** 2019  
**County:** BROWARD  
**Principal Authority:** NORTH BROWARD HOSPITAL DIST  
**Taxing Authority:** NORTH BROWARD HOSPITAL DIST

1. Is your taxing authority a municipality or independent special district that has levied ad valorem taxes for less than 5 years?  
   - Yes  
   - No

   **IF YES, STOP HERE. SIGN AND SUBMIT. You are not subject to a millage limitation.**

2. Current year rolled-back rate from Current Year Form DR-420, Line 16  
   - 1.0324 per $1,000

3. Prior year maximum millage rate with a majority vote from 2018 Form DR-420MM, Line 13  
   - 2.0406 per $1,000

4. Prior year operating millage rate from Current Year Form DR-420, Line 10  
   - 1.0855 per $1,000

   **If Line 4 is equal to or greater than Line 3, skip to Line 11. If less, continue to Line 5.**

5. Prior year final gross taxable value from Current Year Form DR-420, Line 7  
   - $130,436,593,172

6. Prior year maximum ad valorem proceeds with majority vote  
   - (Line 3 multiplied by Line 5 divided by 1,000)  
   - $266,168,912

7. Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value from Current Year Form DR-420 Line 12  
   - $4,470,424

8. Adjusted prior year ad valorem proceeds with majority vote  
   - (Line 6 minus Line 7)  
   - $261,698,488

9. Adjusted current year taxable value from Current Year form DR-420 Line 15  
   - $132,813,383,197

10. Adjusted current year rolled-back rate  
    - (Line 8 divided by Line 9, multiplied by 1,000)  
    - 1.9704 per $1,000

#### Calculate maximum millage levy

11. Rolled-back rate to be used for maximum millage levy calculation  
    - (Enter Line 10 if adjusted or else enter Line 2)  
    - 1.9704 per $1,000

12. Adjustment for change in per capita Florida personal income  
    - **1.0339**

13. Majority vote maximum millage rate allowed  
    - (Line 11 multiplied by Line 12)  
    - 2.0372 per $1,000

14. Two-thirds vote maximum millage rate allowed  
    - (Multiply Line 13 by 1.10)  
    - 2.2409 per $1,000

15. Current year proposed millage rate  
    - 1.0324 per $1,000

16. Minimum vote required to levy proposed millage:  
    - (Check one)  
    - **a. Majority vote of the governing body:** Check here if Line 15 is less than or equal to Line 13. The maximum millage rate is equal to the majority vote maximum rate. **Enter Line 13 on Line 17.**
    - **b. Two-thirds vote of governing body:** Check here if Line 15 is less than or equal to Line 14, but greater than Line 13. The maximum millage rate is equal to the proposed rate. **Enter Line 15 on Line 17.**
    - **c. Unanimous vote of the governing body, or 3/4 vote if nine members or more:** Check here if Line 15 is greater than Line 14. The maximum millage rate is equal to the proposed rate. **Enter Line 15 on Line 17.**
    - **d. Referendum:** The maximum millage rate is equal to the proposed rate. **Enter Line 15 on Line 17.**

17. The selection on Line 16 allows a maximum millage rate of  
    - (Enter rate indicated by choice on Line 16)  
    - 2.0372 per $1,000

18. Current year gross taxable value from Current Year Form DR-420, Line 4  
    - $159,542,145,928

Continue on page 2
## Exhibits

### Exhibits A

#### 19. Current year proposed taxes (Line 15 multiplied by Line 18, divided by 1,000)
- $144,063,311

#### 20. Total taxes levied at the maximum millage rate (Line 17 multiplied by Line 18, divided by 1,000)
- $284,275,260

#### DEPENDENT SPECIAL DISTRICTS AND MSTUs

<table>
<thead>
<tr>
<th>STOP</th>
<th>STOP HERE. SIGN AND SUBMIT.</th>
</tr>
</thead>
</table>

#### 21. Enter the current year proposed taxes of all dependent special districts & MSTUs levying a millage (The sum of all Lines 19 from each district’s Form DR-420MM-P)
- $0

#### 22. Total current year proposed taxes (Line 19 plus Line 21)
- $144,063,311

### Total Maximum Taxes

#### 23. Enter the taxes at the maximum millage of all dependent special districts & MSTUs levying a millage (The sum of all Lines 20 from each district’s Form DR-420MM-P)
- $0

#### 24. Total taxes at maximum millage rate (Line 20 plus Line 23)
- $284,275,260

### Total Maximum Versus Total Taxes Levied

#### 25. Are total current year proposed taxes on Line 22 equal to or less than total taxes at the maximum millage rate on Line 24? (Check one)
- ✓ YES
- NO

---

#### Taxing Authority Certification

I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of s. 200.065 and the provisions of either s. 200.071 or s. 200.081, F.S.

**Signature of Chief Administrative Officer:**

**Date:**

**Title:**
Alex Fernandez, SVP/CFO

**Contact Name and Contact Title:**
Modesto Gato, AVP Financial Management

**Mailing Address:**
1800 NW 49th Street

**Physical Address:**
1800 NW 49th Street

**City, State, Zip:**
Fort Lauderdale, Florida 33309

**Phone Number:**
954/847–4005

**Fax Number:**
954/473–7009

---

**Complete and submit this form DR-420MM-P, Maximum Millage Levy Calculation-Preliminary Disclosure, to your property appraiser with the form DR-420, Certification of Taxable Value.**
## TAX INCREMENT ADJUSTMENT WORKSHEET

**Year:** 2019  
**County:** BROWARD

<table>
<thead>
<tr>
<th>Principal Authority</th>
<th>Taxing Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTH BROWARD HOSPITAL DIST</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Redevelopment Area</th>
<th>Base Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pompano Beach West</td>
<td>1989</td>
</tr>
</tbody>
</table>

### SECTION I: COMPLETED BY PROPERTY APPRAISER

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current year taxable value in the tax increment area</td>
<td>$1,186,128,060</td>
</tr>
<tr>
<td>Base year taxable value in the tax increment area</td>
<td>$297,388,021</td>
</tr>
<tr>
<td>Current year tax increment value (Line 1 minus Line 2)</td>
<td>$888,740,039</td>
</tr>
<tr>
<td>Prior year Final taxable value in the tax increment area</td>
<td>$1,095,771,990</td>
</tr>
<tr>
<td>Prior year tax increment value (Line 4 minus Line 2)</td>
<td>$798,383,969</td>
</tr>
</tbody>
</table>

**Property Appraiser Certification**

I certify the taxable values above are correct to the best of my knowledge.

**Signature of Property Appraiser:**

[Signature]

**Date:** 6/27/2019 10:41 AM

### SECTION II: COMPLETED BY TAXING AUTHORITY

6a. Enter the proportion on which the payment is based.  
   **95.00 %**

6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)  
   If value is zero or less than zero, then enter zero on Line 6b  
   **$844,303,037**

6c. Amount of payment to redevelopment trust fund in prior year  
   **$819,891**

7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:

7a. Amount of payment to redevelopment trust fund in prior year  
   **$**

7b. Prior year operating millage levy from Form DR-420, Line 10  
   **0.0000** per $1,000

7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)  
   **$**

7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)  
   **0.00 %**

7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d)  
   If value is zero or less than zero, then enter zero on Line 7e  
   **$**

**Taxing Authority Certification**

I certify the calculations, millages and rates are correct to the best of my knowledge.

**Signature of Chief Administrative Officer:**

Alex Fernandez, SVP/CFO

**Contact Name and Contact Title:**

Modesto Gato, AVP Financial Management

**Mailing Address:**

1800 NW 49th Street

**Physical Address:**

1800 NW 49th Street

**City, State, Zip:**

Fort Lauderdale, Florida 33309

**Phone Number:**

954/847-4005

**Fax Number:**

954/473-7009
**TAX INCREMENT ADJUSTMENT WORKSHEET**

**Year:** 2019  
**County:** BROWARD

**Principal Authority:** NORTH BROWARD HOSPITAL DIST  
**Taxing Authority:** NORTH BROWARD HOSPITAL DIST

**Community Redevelopment Area:** Davie  
**Base Year:** 1988

### SECTION I: COMPLETED BY PROPERTY APPRAISER

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Current year taxable value in the tax increment area</td>
</tr>
<tr>
<td>2.</td>
<td>Base year taxable value in the tax increment area</td>
</tr>
<tr>
<td>3.</td>
<td>Current year tax increment value (Line 1 minus Line 2)</td>
</tr>
<tr>
<td>4.</td>
<td>Prior year Final taxable value in the tax increment area</td>
</tr>
<tr>
<td>5.</td>
<td>Prior year tax increment value (Line 4 minus Line 2)</td>
</tr>
</tbody>
</table>

Property Appraiser Certification  
I certify the taxable values above are correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Signature of Property Appraiser:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronically Certified by Property Appraiser</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>6/27/2019 10:41 AM</td>
</tr>
</tbody>
</table>

### SECTION II: COMPLETED BY TAXING AUTHORITY  
Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>6.</td>
<td>If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:</td>
</tr>
<tr>
<td>6a.</td>
<td>Enter the proportion on which the payment is based.</td>
</tr>
</tbody>
</table>
| 6b. | Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)  
*If value is zero or less than zero, then enter zero on Line 6b* | $54,749,004 |
| 6c. | Amount of payment to redevelopment trust fund in prior year | $59,251 |

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<tbody>
<tr>
<td>7.</td>
<td>If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:</td>
</tr>
<tr>
<td>7a.</td>
<td>Amount of payment to redevelopment trust fund in prior year</td>
</tr>
<tr>
<td>7b.</td>
<td>Prior year operating millage levy from Form DR-420, Line 10</td>
</tr>
<tr>
<td>7c.</td>
<td>Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)</td>
</tr>
<tr>
<td>7d.</td>
<td>Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)</td>
</tr>
</tbody>
</table>
| 7e. | Dedicated increment value (Line 3 multiplied by the percentage on Line 7d)  
*If value is zero or less than zero, then enter zero on Line 7e* | 0 |

**Taxing Authority Certification**  
I certify the calculations, millages and rates are correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Signature of Chief Administrative Officer:</th>
<th></th>
</tr>
</thead>
</table>
| Contact Name and Contact Title:  
Modesto Gato, AVP Financial Management |  |
| Title:  
Alex Fernandez, SVP/CFO |  |
| Mailing Address:  
1800 NW 49th Street |  |
| Physical Address:  
1800 NW 49th Street |  |
| City, State, Zip:  
Fort Lauderdale, Florida 33309 |  |
| Phone Number:  
954/847-4005 |  |
| Fax Number:  
954/473-7009 |  |
# TAX INCREMENT ADJUSTMENT WORKSHEET

**Year:** 2019  
**County:** BROWARD  
**Principal Authority:** NORTH BROWARD HOSPITAL DIST  
**Taxing Authority:** NORTH BROWARD HOSPITAL DIST  
**Community Redevelopment Area:** Deerfield Beach  
**Base Year:** 1999

## SECTION I: COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value in the tax increment area
   - $450,004,780
2. Base year taxable value in the tax increment area
   - $110,827,830
3. Current year tax increment value (Line 1 minus Line 2)
   - $339,176,950
4. Prior year Final taxable value in the tax increment area
   - $432,790,050
5. Prior year tax increment value (Line 4 minus Line 2)
   - $321,962,220

**Property Appraiser Certification**  
I certify the taxable values above are correct to the best of my knowledge.

**Signature of Property Appraiser:**  
**Date:** 6/27/2019 10:41 AM

## SECTION II: COMPLETED BY TAXING AUTHORITY

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:
   - **Enter the proportion on which the payment is based:** 95.00%

6a. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)  
   - $322,218,103
   - If value is zero or less than zero, then enter zero on Line 6b

6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)  
   - $332,015
   - If value is zero or less than zero, then enter zero on Line 6c

7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:

7a. Amount of payment to redevelopment trust fund in prior year  
   - $0

7b. Prior year operating millage levy from Form DR-420, Line 10  
   - 0.0000 per $1,000

7c. Taxes levied on prior year tax increment value  
   - (Line 5 multiplied by the percentage on Line 7c, divided by 1,000)
   - $0

7d. Prior year payment as proportion of taxes levied on increment value  
   - (Line 7a divided by Line 7c, multiplied by 100)
   - 0.00%

7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d)  
   - $0
   - If value is zero or less than zero, then enter zero on Line 7e

**Taxing Authority Certification**  
I certify the calculations, millages and rates are correct to the best of my knowledge.

**Signature of Chief Administrative Officer:**  
**Date:**

**Contact Name and Contact Title:**  
Modesto Gato, AVP Financial Management

**Mailing Address:**  
1800 NW 49th Street  
Fort Lauderdale, Florida 33309

**Physical Address:**  
1800 NW 49th Street

**Phone Number:**  
954/847-4005  
Fax Number:**  
954/473-7009
# TAX INCREMENT ADJUSTMENT WORKSHEET

<table>
<thead>
<tr>
<th>Year:</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>County:</td>
<td>BROWARD</td>
</tr>
<tr>
<td>Principal Authority:</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
</tr>
<tr>
<td>Taxing Authority:</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
</tr>
<tr>
<td>Community Redevelopment Area:</td>
<td>Fort Lauderdale</td>
</tr>
<tr>
<td>Base Year:</td>
<td>1989</td>
</tr>
</tbody>
</table>

## SECTION I: COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value in the tax increment area $1,050,829,320
2. Base year taxable value in the tax increment area $118,537,320
3. Current year tax increment value (Line 1 minus Line 2) $932,292,000
4. Prior year Final taxable value in the tax increment area $1,007,112,110
5. Prior year tax increment value (Line 4 minus Line 2) $888,574,790

### Property Appraiser Certification

I certify the taxable values above are correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Signature of Property Appraiser:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronically Certified by Property Appraiser</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>6/27/2019 10:41 AM</td>
</tr>
</tbody>
</table>

## SECTION II: COMPLETED BY TAXING AUTHORITY

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:

6a. Enter the proportion on which the payment is based. 95.00%
6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) $885,677,400

If value is zero or less than zero, then enter zero on Line 6b

6c. Amount of payment to redevelopment trust fund in prior year $916,321

7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:

7a. Amount of payment to redevelopment trust fund in prior year $0

7b. Prior year operating millage levy from Form DR-420, Line 10 0.0000 per $1,000

7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000) $0

7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100) 0.00%

7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) $0

### Taxing Authority Certification

I certify the calculations, millages and rates are correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Title:</th>
<th>Alex Fernandez, SVP/CFO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name and Contact Title:</td>
<td>Modesto Gato, AVP Financial Management</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1800 NW 49th Street</td>
</tr>
<tr>
<td>Physical Address:</td>
<td>1800 NW 49th Street</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Fort Lauderdale, Florida 33309</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>954/347-4005</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>954/473-7009</td>
</tr>
</tbody>
</table>
## TAX INCREMENT ADJUSTMENT WORKSHEET

**Year:** 2019  
**County:** BROWARD

<table>
<thead>
<tr>
<th>Principal Authority:</th>
<th>Taxing Authority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTH BROWARD HOSPITAL DIST</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Redevelopment Area:</th>
<th>Base Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lauderdale Lakes</td>
<td>2000</td>
</tr>
</tbody>
</table>

### SECTION I: COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value in the tax increment area  | $326,770,590 |
2. Base year taxable value in the tax increment area | $127,159,990 |
3. Current year tax increment value (Line 1 minus Line 2) | $199,610,600 |
4. Prior year Final taxable value in the tax increment area | $306,720,200 |
5. Prior year tax increment value (Line 4 minus Line 2) | $179,560,210 |

**Property Appraiser Certification**  
I certify the taxable values above are correct to the best of my knowledge.

**Signature of Property Appraiser:**  
Electronically Certified by Property Appraiser  
**Date:** 6/27/2019 10:41 AM

### SECTION II: COMPLETED BY TAXING AUTHORITY  
Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:
   - **Enter the proportion on which the payment is based:** 95.00% (6a)
   - **Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)**  
     *If value is zero or less than zero, then enter zero on Line 6b*  
   - $189,630,070 (6b)
   - **Amount of payment to redevelopment trust fund in prior year**  
   - $185,167 (6c)

7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:
   - **Amount of payment to redevelopment trust fund in prior year** $0 (7a)
   - **Prior year operating millage levy from Form DR-420, Line 10** 0.0000 per $1,000 (7b)
   - **Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)** $0 (7c)
   - **Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)** 0.00% (7d)
   - **Dedicated increment value (Line 3 multiplied by the percentage on Line 7d)**  
     *If value is zero or less than zero, then enter zero on Line 7e*  
   - $0 (7e)

**Taxing Authority Certification**  
I certify the calculations, millages and rates are correct to the best of my knowledge.

**Signature of Chief Administrative Officer:**  
**Contact Name and Contact Title:**  
Alex Fernandez, SVP/CFO  
Modesto Gato, AVP Financial Management

**Mailing Address:**  
1800 NW 49th Street  
**Physical Address:**  
1800 NW 49th Street

**City, State, Zip:**  
Fort Lauderdale, Florida 33309  
**Phone Number:**  
954/847-4005  
**Fax Number:**  
954/473-7009
## TAX INCREMENT ADJUSTMENT WORKSHEET

<table>
<thead>
<tr>
<th>Year</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>BROWARD</td>
</tr>
</tbody>
</table>

**Principal Authority:** NORTH BROWARD HOSPITAL DIST  
**Taxing Authority:** NORTH BROWARD HOSPITAL DIST  
**Community Redevelopment Area:** Margate  
**Base Year:** 1997

### SECTION I: COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value in the tax increment area: $863,846,320 (1)  
2. Base year taxable value in the tax increment area: $306,827,250 (2)  
3. Current year tax increment value (Line 1 minus Line 2): $557,019,070 (3)  
4. Prior year Final taxable value in the tax increment area: $818,138,210 (4)  
5. Prior year tax increment value (Line 4 minus Line 2): $511,310,960 (5)

**Property Appraiser Certification**

I certify the taxable values above are correct to the best of my knowledge.

**Signature of Property Appraiser:**  
**Electronically Certified by Property Appraiser:**

**Date:** 6/27/2019 10:41 AM

### SECTION II: COMPLETED BY TAXING AUTHORITY

Complete EITHER line 6 or line 7 as applicable. DO NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:
   - 6a. Enter the proportion on which the payment is based. 95.00 % (6a)
   - 6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) $529,168,117 (6b)  
   - **If value is zero or less than zero, then enter zero on Line 6b**  
   - 6c. Amount of payment to redevelopment trust fund in prior year $527,277 (6c)

7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:
   - 7a. Amount of payment to redevelopment trust fund in prior year $0 (7a)
   - 7b. Prior year operating millage levy from Form DR-420, Line 10 0.0000 per $1,000 (7b)
   - 7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000) $0 (7c)
   - 7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100) 0.00 % (7d)
   - **If value is zero or less than zero, then enter zero on Line 7e**  
   - 7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) $0 (7e)

**Taxing Authority Certification**

I certify the calculations, millages and rates are correct to the best of my knowledge.

**Signature of Chief Administrative Officer:**  
**Contact Name and Contact Title:** Modesto Gato, AVP Financial Management

**Title:** Alex Fernandez, SVP/CFO  
**Mailing Address:** 1800 NW 49th Street  
**City, State, Zip:** Fort Lauderdale, Florida 33309

**Physical Address:** 1800 NW 49th Street  
**Phone Number:** 954/847-4005  
**Fax Number:** 954/473-7009

EXHIBIT A
**TAX INCREMENT ADJUSTMENT WORKSHEET**

**Year:** 2019  
**County:** BROWARD

**Principal Authority:** NORTH BROWARD HOSPITAL DIST  
**Taxing Authority:** NORTH BROWARD HOSPITAL DIST

**Community Redevelopment Area:** Plantation  
**Base Year:** 2000

### SECTION I: COMPLETED BY PROPERTY APPRAISER

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Current year taxable value in the tax increment area</td>
<td>$283,511,020</td>
<td>(1)</td>
</tr>
<tr>
<td>2</td>
<td>Base year taxable value in the tax increment area</td>
<td>$127,670,650</td>
<td>(2)</td>
</tr>
<tr>
<td>3</td>
<td>Current year tax increment value (Line 1 minus Line 2)</td>
<td>$155,840,370</td>
<td>(3)</td>
</tr>
<tr>
<td>4</td>
<td>Prior year Final taxable value in the tax increment area</td>
<td>$268,351,960</td>
<td>(4)</td>
</tr>
<tr>
<td>5</td>
<td>Prior year tax increment value (Line 4 minus Line 2)</td>
<td>$140,681,310</td>
<td>(5)</td>
</tr>
</tbody>
</table>

**SIGN HERE**  
**Property Appraiser Certification**  
I certify the taxable values above are correct to the best of my knowledge.

**Signature of Property Appraiser:**  
**Electronically Certified by Property Appraiser:**  
**Date:** 6/27/2019 10:41 AM

### SECTION II: COMPLETED BY TAXING AUTHORITY  
**Complete EITHER line 6 or line 7 as applicable. DO NOT complete both.**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>Enter the proportion on which the payment is based</td>
<td>95.00 %</td>
<td>(6a)</td>
</tr>
<tr>
<td>6b</td>
<td>Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)</td>
<td>$148,048,352</td>
<td>(6b)</td>
</tr>
<tr>
<td></td>
<td>If value is zero or less than zero, then enter zero on Line 6b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Amount of payment to redevelopment trust fund in prior year</td>
<td>$145,074</td>
<td>(6c)</td>
</tr>
</tbody>
</table>

**7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>Amount of payment to redevelopment trust fund in prior year</td>
<td>$0</td>
<td>(7a)</td>
</tr>
<tr>
<td>7b</td>
<td>Prior year operating millage levy from Form DR-420, Line 10</td>
<td>0.0000 per $1,000</td>
<td>(7b)</td>
</tr>
<tr>
<td>7c</td>
<td>Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)</td>
<td>$0</td>
<td>(7c)</td>
</tr>
<tr>
<td>7d</td>
<td>Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)</td>
<td>0.00 %</td>
<td>(7d)</td>
</tr>
<tr>
<td>7e</td>
<td>Dedicated increment value (Line 3 multiplied by the percentage on Line 7d)</td>
<td>$0</td>
<td>(7e)</td>
</tr>
<tr>
<td></td>
<td>If value is zero or less than zero, then enter zero on Line 7e</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SIGN HERE**  
**Taxing Authority Certification**  
I certify the calculations, millages and rates are correct to the best of my knowledge.

**Signature of Chief Administrative Officer:**  
**Contact Name and Contact Title:**  
Modesto Gato, AVP Financial Management

**Mailing Address:**  
1800 NW 49th Street  
**Physical Address:**  
1800 NW 49th Street

**City, State, Zip:**  
Fort Lauderdale, Florida 33309  
**Phone Number:** 954/847-4005  
**Fax Number:** 954/473-7009

---

**EXHIBIT A**
# Tax Increment Adjustment Worksheet

**Year:** 2019  
**County:** BROWARD  
**Principal Authority:** NORTH BROWARD HOSPITAL DIST  
**Taxing Authority:** NORTH BROWARD HOSPITAL DIST  
**Community Redevelopment Area:** Pompano Beach East  
**Base Year:** 2001

## SECTION I: COMPLETED BY PROPERTY APPRAISER

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Current year taxable value in the tax increment area</td>
<td>$469,453,280</td>
</tr>
<tr>
<td>2.</td>
<td>Base year taxable value in the tax increment area</td>
<td>$136,427,940</td>
</tr>
<tr>
<td>3.</td>
<td>Current year tax increment value (Line 1 minus Line 2)</td>
<td>$333,025,340</td>
</tr>
<tr>
<td>4.</td>
<td>Prior year Final taxable value in the tax increment area</td>
<td>$427,579,090</td>
</tr>
<tr>
<td>5.</td>
<td>Prior year tax increment value (Line 4 minus Line 2)</td>
<td>$291,151,150</td>
</tr>
</tbody>
</table>

**Sign Here**

**Property Appraiser Certification**  
I certify the taxable values above are correct to the best of my knowledge.  
**Signature of Property Appraiser:**  
**Electronically Certified by Property Appraiser:**  
**Date:** 6/27/2019 10:41 AM

## SECTION II: COMPLETED BY TAXING AUTHORITY

Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

### 6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6a.</td>
<td>Enter the proportion on which the payment is based.</td>
<td>95.00%</td>
</tr>
<tr>
<td>6b.</td>
<td>Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)</td>
<td>$316,374,073</td>
</tr>
<tr>
<td><strong>If value is zero or less than zero, then enter zero on Line 6b</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c.</td>
<td>Amount of payment to redevelopment trust fund in prior year</td>
<td>$299,300</td>
</tr>
</tbody>
</table>

### 7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7a.</td>
<td>Amount of payment to redevelopment trust fund in prior year</td>
<td>$0</td>
</tr>
<tr>
<td>7b.</td>
<td>Prior year operating millage levy from Form DR-420, Line 10</td>
<td>0.0000 per $1,000</td>
</tr>
<tr>
<td>7c.</td>
<td>Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)</td>
<td>$0</td>
</tr>
<tr>
<td>7d.</td>
<td>Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)</td>
<td>0.00%</td>
</tr>
<tr>
<td>7e.</td>
<td>Dedicated increment value (Line 3 multiplied by the percentage on Line 7d)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>If value is zero or less than zero, then enter zero on Line 7e</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Taxing Authority Certification**  
I certify the calculations, millages and rates are correct to the best of my knowledge.  
**Signature of Chief Administrative Officer:**  
**Contact Name and Contact Title:**  
**Mailing Address:** 1800 NW 49th Street  
**Physical Address:** 1800 NW 49th Street  
**City, State, Zip:** Fort Lauderdale, Florida 33309  
**Phone Number:** 954/847-4005  
**Fax Number:** 954/473-7009
# TAX INCREMENT ADJUSTMENT WORKSHEET

**Year:** 2019  
**County:** BROWARD

**Principal Authority:** NORTH BROWARD HOSPITAL DIST  
**Taxing Authority:** NORTH BROWARD HOSPITAL DIST

**Community Redevelopment Area:** Progresso  
**Base Year:** 1995

### SECTION I: COMPLETED BY PROPERTY APPRAISER

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Current year taxable value in the tax increment area</td>
<td>$1,432,419,660</td>
</tr>
<tr>
<td>2</td>
<td>Base year taxable value in the tax increment area</td>
<td>$208,260,650</td>
</tr>
<tr>
<td>3</td>
<td>Current year tax increment value <em>(Line 1 minus Line 2)</em></td>
<td>$1,224,159,010</td>
</tr>
<tr>
<td>4</td>
<td>Prior year Final taxable value in the tax increment area</td>
<td>$1,295,267,280</td>
</tr>
<tr>
<td>5</td>
<td>Prior year tax increment value <em>(Line 4 minus Line 2)</em></td>
<td>$1,087,006,630</td>
</tr>
</tbody>
</table>

**Property Appraiser Certification**  
I certify the taxable values above are correct to the best of my knowledge.

- **Signature of Property Appraiser:**  
- **Electronically Certified by Property Appraiser:**  
- **Date:** 6/27/2019 10:41 AM

### SECTION II: COMPLETED BY TAXING AUTHORITY  
Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>Enter the proportion on which the payment is based.</td>
<td>95.00 %</td>
</tr>
<tr>
<td>6b</td>
<td>Dedicated increment value <em>(Line 3 multiplied by the percentage on Line 6a)</em></td>
<td>$1,162,951,060</td>
</tr>
<tr>
<td></td>
<td><em>If value is zero or less than zero, then enter zero on Line 6b</em></td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Amount of payment to redevelopment trust fund in prior year</td>
<td>$1,120,948</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>Amount of payment to redevelopment trust fund in prior year</td>
<td>$ 0</td>
</tr>
<tr>
<td>7b</td>
<td>Prior year operating millage levy from Form DR-420, Line 10</td>
<td>0.0000 per $1,000</td>
</tr>
<tr>
<td>7c</td>
<td>Taxes levied on prior year tax increment value <em>(Line 5 multiplied by Line 7b, divided by 1,000)</em></td>
<td>$ 0</td>
</tr>
<tr>
<td>7d</td>
<td>Prior year payment as proportion of taxes levied on increment value <em>(Line 7a divided by Line 7c, multiplied by 100)</em></td>
<td>0.00 %</td>
</tr>
<tr>
<td>7e</td>
<td>Dedicated increment value <em>(Line 3 multiplied by the percentage on Line 7d)</em></td>
<td>$ 0</td>
</tr>
<tr>
<td></td>
<td><em>If value is zero or less than zero, then enter zero on Line 7e</em></td>
<td></td>
</tr>
</tbody>
</table>

**Taxing Authority Certification**  
I certify the calculations, millages and rates are correct to the best of my knowledge.

- **Signature of Chief Administrative Officer:**  
- **Contact Name and Contact Title:** Modesto Gato, AVP Financial Management
- **Date:**  
- **Mailing Address:** 1800 NW 49th Street  
- **Physical Address:** 1800 NW 49th Street
- **City, State, Zip:** Fort Lauderdale, Florida 33309  
- **Phone Number:** 954/847-4005  
- **Fax Number:** 954/473-7009
TAX INCREMENT ADJUSTMENT WORKSHEET

Year: 2019  
Principal Authority: NORTH BROWARD HOSPITAL DIST  
Community Redevelopment Area: Coral Springs

County: BROWARD  
Taxing Authority: NORTH BROWARD HOSPITAL DIST  
Base Year: 2002

SECTION I: COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value in the tax increment area $129,916,940 (1)
2. Base year taxable value in the tax increment area $66,321,640 (2)
3. Current year tax increment value (Line 1 minus Line 2) $63,595,300 (3)
4. Prior year Final taxable value in the tax increment area $129,619,460 (4)
5. Prior year tax increment value (Line 4 minus Line 2) $63,297,820 (5)

SIGN HERE

Property Appraiser Certification
I certify the taxable values above are correct to the best of my knowledge.

Signature of Property Appraiser:  
Date: 6/27/2019 10:41 AM

SECTION II: COMPLETED BY TAXING AUTHORITY  Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund is based on a specific proportion of the tax increment value:
   6a. Enter the proportion on which the payment is based. 95.00% (6a)
   6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) $60,415,535 (6b)
   If value is zero or less than zero, then enter zero on Line 6b
   6c. Amount of payment to redevelopment trust fund in prior year $65,180 (6c)

7. If the amount to be paid to the redevelopment trust fund is not based on a specific proportion of the tax increment value:
   7a. Amount of payment to redevelopment trust fund in prior year $ (7a)
   7b. Prior year operating millage levy from Form DR-420, Line 10 0.0000 per $1,000 (7b)
   7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000) $ (7c)
   7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100) 0.00% (7d)
   7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) $ (7e)
   If value is zero or less than zero, then enter zero on Line 7e

SIGN HERE

Taxing Authority Certification
I certify the calculations, millages and rates are correct to the best of my knowledge.

Signature of Chief Administrative Officer:  
Date:  
Title: Alex Fernandez, SVP/CFO  
Contact Name and Contact Title: Modesto Gato, AVP Financial Management

Mailing Address: 1800 NW 49th Street  
Physical Address: 1800 NW 49th Street

City, State, Zip: Fort Lauderdale, Florida 33309  
Phone Number: 954/847-4005  
Fax Number: 954/473-7009
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<td>0.9820</td>
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*Note: A reduction of $1.6M in Net Tax Revenues is equal to $1.26 in tax savings to a home owner per every $100,000 of property value*
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EXHIBIT C