

**Release and Indemnification**

This Release and Indemnification is made and entered as of the date referenced below by Advent Health North Pinellas, with a business address of 1395 S Pinellas Ave, Tarpon Springs FL 34689, ("Hospital").

**WHEREAS**, Hospital requested that Pinellas County ("County") adopt the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance"); and

**WHEREAS**, Hospital has provided the County assurances that the objectives and procedures addressed in the Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance or any assessment levied pursuant to the Ordinance; and

**WHEREAS**, pursuant to the Ordinance, and in consideration of the County adopting the Ordinance, Institutional Health Care Providers (as such term is defined in the Ordinance), such as Hospital, **responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year must execute such an agreement** prior to the County adopting any Assessment Resolution.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

In accordance with Chapter 110, Article III of the Pinellas County Code of Ordinances, which requires Institutional Health Care Providers (as such term is defined in the Ordinance) responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year to execute such an agreement, Hospital hereby agrees to indemnify the County and their respective officers, employees and agents, from any and all claims arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance, including any challenge to the procedure or authority of the County or its agents to levy or collect an assessment or any challenge to an assessment levied or collected by the County or its agents against any property owner pursuant to the Ordinance, including any and all claims, and the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency. Together, all hospitals executing this agreement indemnify the County against 100% of any liability arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance. Hospital's indemnification and hold harmless obligations set forth herein shall be proportionate to the Assessment amount(s) paid by Hospital, amongst all of the Assessed Properties executing this agreement. The release and indemnification obligations set forth herein shall be binding on Hospital's successors and assigns.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this 15 day of July, 2024.

WITNESSES: MP Starkey

Printed Name: Mary Patricia Starkey

Christie Sena

Printed Name: Christie Sena

**HOSPITAL:**

PLG  
Title: President / CEO

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence  
or  online notarization, this day 15<sup>th</sup> of July, 2024, by Ryan Buehler  
President/CEO of AdvantHealth North Pinellas, who is personally known to me or who has  
produced as identification.  
(NOTARY SEAL)



**MARCELA PERTSAS**  
Notary Public  
State of Florida  
Comm# HH224360  
Expires 3/5/2026

Marcela Pertsas  
Notary Public  
MARCELA PERTSAS Name  
Typed, Printed or Stamped  
My Commission Expires: 3/5/2026

**Release and Indemnification**

This Release and Indemnification is made and entered as of the date referenced below by 07/03/2024, with a business address of 601 Main St. Dunedin, FL 34698, (“Hospital”).

**WHEREAS**, Hospital requested that Pinellas County (“County”) adopt the Pinellas County Local Provider Participation Fund Ordinance (“Ordinance”); and

**WHEREAS**, Hospital has provided the County assurances that the objectives and procedures addressed in the Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance or any assessment levied pursuant to the Ordinance; and

**WHEREAS**, pursuant to the Ordinance, and in consideration of the County adopting the Ordinance, Institutional Health Care Providers (as such term is defined in the Ordinance), such as Hospital, **responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year must execute such an agreement** prior to the County adopting any Assessment Resolution.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

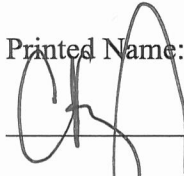
The foregoing recitals are true and are incorporated herein by reference.

In accordance with Chapter 110, Article III of the Pinellas County Code of Ordinances, which requires Institutional Health Care Providers (as such term is defined in the Ordinance) responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year to execute such an agreement, Hospital hereby agrees to indemnify the County and their respective officers, employees and agents, from any and all claims arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance, including any challenge to the procedure or authority of the County or its agents to levy or collect an assessment or any challenge to an assessment levied or collected by the County or its agents against any property owner pursuant to the Ordinance, including any and all claims, and the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Ordinance or challenge to the County’s procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency. Together, all hospitals executing this agreement indemnify the County against 100% of any liability arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance. Hospital’s indemnification and hold harmless obligations set forth herein shall be proportionate to the Assessment amount(s) paid by Hospital, amongst all of the Assessed Properties executing this agreement. The release and indemnification obligations set forth herein shall be binding on Hospital’s successors and assigns.

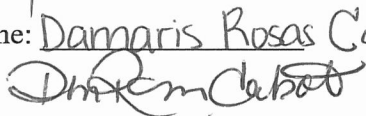
**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this 03 day of July, 2024.

WITNESSES: Caitlin Fogal / Damaris Rosas Cabot

Printed Name: Caitlin Fogal



Printed Name: Damaris Rosas Cabot



**HOSPITAL:** BayCare Alliant

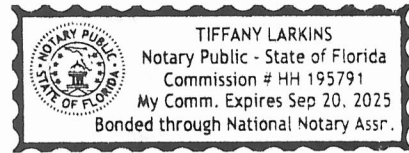
Maya Pérez  
Title: CEO

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence  
or  online notarization, this day of, 20\_\_, by, as Maya Perez, CEO of BayCare Alliant Hospital,  
who is personally known to me or who has produced as identification.

(NOTARY SEAL)

Tiffany Larkins-Woods  
Notary Public  
Tiffany Larkins-Woods Name  
Typed, Printed or Stamped  
My Commission Expires: Sept 20, 2025



**Release and Indemnification**

This Release and Indemnification is made and entered as of the date referenced below by BayCare Health System, with a business address of St. Anthony's Hospital, Morton Plant Hospital, Mease Countryside Hospital, and Mease Dunedin Hospital, ("Hospital").

**WHEREAS**, Hospital requested that Pinellas County ("County") adopt the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance"); and

**WHEREAS**, Hospital has provided the County assurances that the objectives and procedures addressed in the Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance or any assessment levied pursuant to the Ordinance; and

**WHEREAS**, pursuant to the Ordinance, and in consideration of the County adopting the Ordinance, Institutional Health Care Providers (as such term is defined in the Ordinance), such as Hospital, responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year must execute such an agreement prior to the County adopting any Assessment Resolution.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

In accordance with Chapter 110, Article III of the Pinellas County Code of Ordinances, which requires Institutional Health Care Providers (as such term is defined in the Ordinance) responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year to execute such an agreement, Hospital hereby agrees to indemnify the County and their respective officers, employees and agents, from any and all claims arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance, including any challenge to the procedure or authority of the County or its agents to levy or collect an assessment or any challenge to an assessment levied or collected by the County or its agents against any property owner pursuant to the Ordinance, including any and all claims, and the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency. Together, all hospitals executing this agreement indemnify the County against 100% of any liability arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance. Hospital's indemnification and hold harmless obligations set forth herein shall be proportionate to the Assessment amount(s) paid by Hospital, amongst all of the Assessed Properties executing this agreement. The release and indemnification obligations set forth herein shall be binding on Hospital's successors and assigns.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this 9<sup>th</sup> day of July, 2024. **HOSPITAL:**

WITNESSES: \_\_\_\_\_  
Printed Name: Patrice Nolan Lane  
Patrice Nolan Lane  
Printed Name: Jamie Laraja  
Jamie Laraja

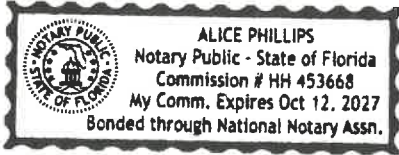
BayCare Health System on behalf of  
St. Anthony's Hospital, Morton Plant  
Hospital, Mease Countryside  
Hospital, and Mease Dunedin  
Hospital.  
Keri Eisenbeis  
Title: Chief of Staff

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence  
or  online notarization, this day of July 9, 2024, by, as Keri Eisenheim of Baylors Health System,  
who is personally known to me or who has produced as identification.  
(NOTARY SEAL)

July 9, 2024  
AP

Alice Phillips  
Notary Public  
Alice Phillips Name  
Typed, Printed or Stamped  
My Commission Expires: Oct. 12, 2027



**Release and Indemnification**

This Release and Indemnification is made and entered as of the date referenced below by Johns Hopkins All Children's Hospital, with a business address of 501 6th Ave. S., St. Petersburg, FL 33701, ("Hospital").

**WHEREAS**, Hospital requested that Pinellas County ("County") adopt the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance"); and

**WHEREAS**, Hospital has provided the County assurances that the objectives and procedures addressed in the Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance or any assessment levied pursuant to the Ordinance; and

**WHEREAS**, pursuant to the Ordinance, and in consideration of the County adopting the Ordinance, Institutional Health Care Providers (as such term is defined in the Ordinance), such as Hospital, **responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year must execute such an agreement** prior to the County adopting any Assessment Resolution.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

In accordance with Chapter 110, Article III of the Pinellas County Code of Ordinances, which requires Institutional Health Care Providers (as such term is defined in the Ordinance) responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year to execute such an agreement, Hospital hereby agrees to indemnify the County and their respective officers, employees and agents, from any and all claims arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance, including any challenge to the procedure or authority of the County or its agents to levy or collect an assessment or any challenge to an assessment levied or collected by the County or its agents against any property owner pursuant to the Ordinance, including any and all claims, and the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency. Together, all hospitals executing this agreement indemnify the County against 100% of any liability arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance. Hospital's indemnification and hold harmless obligations set forth herein shall be proportionate to the Assessment amount(s) paid by Hospital, amongst all of the Assessed Properties executing this agreement. The release and indemnification obligations set forth herein shall be binding on Hospital's successors and assigns.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this 8 day of July, 2024.

WITNESSES: [Signature]

Printed Name: Cathryn Mitchell

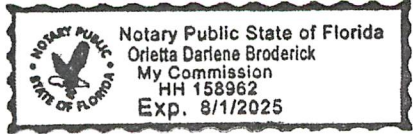
[Signature]

Printed Name: Geneva Hicks

**HOSPITAL:**  
[Signature]  
Title: President

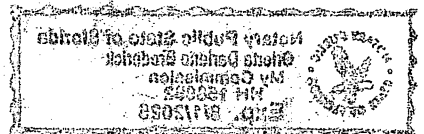
STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this day of 2024, by [Signature] of [Signature], who is personally known to me or who has produced as identification.  
(NOTARY SEAL)



[Signature]  
Notary Public  
Orletta Darlene Broderick Name  
Typed, Printed or Stamped  
My Commission Expires: 8/1/2025

Handwritten signature and illegible text.





**Release and Indemnification**

This Release and Indemnification is made and entered as of the date referenced below by John Moore, with a business address of 701 Sixth Street S, St. Petersburg, FL, 33701, ("Hospital"). Bayfront Hospital

**WHEREAS**, Hospital requested that Pinellas County ("County") adopt the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance"); and

**WHEREAS**, Hospital has provided the County assurances that the objectives and procedures addressed in the Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance or any assessment levied pursuant to the Ordinance; and

**WHEREAS**, pursuant to the Ordinance, and in consideration of the County adopting the Ordinance, Institutional Health Care Providers (as such term is defined in the Ordinance), such as Hospital, **responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year must execute such an agreement** prior to the County adopting any Assessment Resolution.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

In accordance with Chapter 110, Article III of the Pinellas County Code of Ordinances, which requires Institutional Health Care Providers (as such term is defined in the Ordinance) responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year to execute such an agreement, Hospital hereby agrees to indemnify the County and their respective officers, employees and agents, from any and all claims arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance, including any challenge to the procedure or authority of the County or its agents to levy or collect an assessment or any challenge to an assessment levied or collected by the County or its agents against any property owner pursuant to the Ordinance, including any and all claims, and the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency. Together, all hospitals executing this agreement indemnify the County against 100% of any liability arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance. Hospital's indemnification and hold harmless obligations set forth herein shall be proportionate to the Assessment amount(s) paid by Hospital, amongst all of the Assessed Properties executing this agreement. The release and indemnification obligations set forth herein shall be binding on Hospital's successors and assigns.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this 9 day of July, 2024.

WITNESSES: Sarah Gilbert

Printed Name: Sarah Gilbert

James Tucker

Printed Name: James Tucker

**HOSPITAL:**

[Signature]  
Title: SVP + President

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence  
or  online notarization, this day of, 2024, by, as July 9 of \_\_\_\_\_,  
who is personally known to me or who has produced as identification.

(NOTARY SEAL)

*Yanira Oliveras*  
Notary Public \_\_\_\_\_ Name  
Yanira Oliveras  
Typed, Printed or Stamped  
My Commission Expires: 10-25-2027



**Release and Indemnification**

This Release and Indemnification is made and entered as of the date referenced below by Windward Healthcare with a business address of 11300 US 19th D Clearwater, FL 33764, ("Hospital").

**WHEREAS**, Hospital requested that Pinellas County ("County") adopt the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance"); and

**WHEREAS**, Hospital has provided the County assurances that the objectives and procedures addressed in the Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance or any assessment levied pursuant to the Ordinance; and

**WHEREAS**, pursuant to the Ordinance, and in consideration of the County adopting the Ordinance, Institutional Health Care Providers (as such term is defined in the Ordinance), such as Hospital, responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year must execute such an agreement prior to the County adopting any Assessment Resolution.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

In accordance with Chapter 110, Article III of the Pinellas County Code of Ordinances, which requires Institutional Health Care Providers (as such term is defined in the Ordinance) responsible for at least fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year to execute such an agreement, Hospital hereby agrees to indemnify the County and their respective officers, employees and agents, from any and all claims arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance, including any challenge to the procedure or authority of the County or its agents to levy or collect an assessment or any challenge to an assessment levied or collected by the County or its agents against any property owner pursuant to the Ordinance, including any and all claims, and the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency. Together, all hospitals executing this agreement indemnify the County against 100% of any liability arising from the adoption and implementation of the Pinellas County Local Provider Participation Fund Ordinance. Hospital's indemnification and hold harmless obligations set forth herein shall be proportionate to the Assessment amount(s) paid by Hospital, amongst all of the Assessed Properties executing this agreement. The release and indemnification obligations set forth herein shall be binding on Hospital's successors and assigns.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this 10<sup>th</sup> day of July, 2024

WITNESSES: Deborah L. Basagic  
Printed Name: Deborah L. Basagic

Joshua Rediger  
Printed Name: Joshua Rediger

**HOSPITAL:**  
Windward Healthcare of Clearwater  
Title: CEO

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence  
or  online notarization, this day of 7/2024 by, as Joshua Rodriguez of Winnmoor Healthcare of  
who is personally known to me or who has produced as identification. Clearwater

(NOTARY SEAL)

Deborah Basagic  
Notary Public  
Deborah Basagic Name  
Typed, Printed or Stamped  
My Commission Expires: 11/14/2024



**Release**

This Release is made and entered as of the date referenced below by Kindred Hospital Bay Area - St. Petersburg, with a business address of 400 30th Ave. South, St. Petersburg, FL 33705, ("Hospital").

**WHEREAS**, Hospital requested that Pinellas County ("County") adopt the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance"); and

**WHEREAS**, Hospital has provided the County assurances that the objectives and procedures addressed in the Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance or any assessment levied pursuant to the Ordinance.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

By signing this Release of Liability Form ("Release"), the undersigned Institutional Health Care Provider agrees to forever relieve and release Pinellas County ("County") and all of County's current, past, and future officers, agents, and employees from any and all claims, suits, and liabilities relating to the imposition of the special assessment pursuant to the Pinellas County Local Provider Participation Fund Ordinance as set forth in Article III of Chapter 110 of the Pinellas County Code of Ordinances ("Special Assessment").

The undersigned Institutional Health Care Provider is voluntarily executing this Release and agrees not to object to or challenge the enactment or enforcement of the Special Assessment in any administrative or legal action that any statute, administrative rule, ordinance, or other law may provide.

The release obligations set forth herein shall be binding on Hospital's successors and assigns.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 9<sup>th</sup> day of July, 2024.

**HOSPITAL:**

M. J. Han  
Title: Regional Controller

WITNESSES: \_\_\_\_\_

Printed Name: \_\_\_\_\_

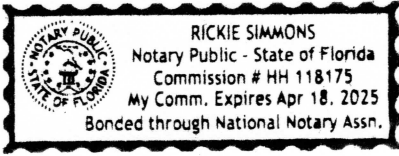
Printed Name: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this day of July, 2024, by Steven Hart of Kindred Hospital, who is personally known to me or who has produced as identification.

(NOTARY SEAL)

Rebecca S...



Notary Public

Rickie Simmons Name  
Typed, Printed or Stamped  
My Commission Expires: 4/18/2025

**Release**

This Release is made and entered as of the date referenced below by Glenn Romig, with a business address of 201 14th St. SW, Largo, FL 33770, ("Hospital").

**WHEREAS**, Hospital requested that Pinellas County ("County") adopt the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance"); and

**WHEREAS**, Hospital has provided the County assurances that the objectives and procedures addressed in the Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance or any assessment levied pursuant to the Ordinance.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

By signing this Release of Liability Form ("Release"), the undersigned Institutional Health Care Provider agrees to forever relieve and release Pinellas County ("County") and all of County's current, past, and future officers, agents, and employees from any and all claims, suits, and liabilities relating to the imposition of the special assessment pursuant to the Pinellas County Local Provider Participation Fund Ordinance as set forth in Article III of Chapter 110 of the Pinellas County Code of Ordinances ("Special Assessment").

The undersigned Institutional Health Care Provider is voluntarily executing this Release and agrees not to object to or challenge the enactment or enforcement of the Special Assessment in any administrative or legal action that any statute, administrative rule, ordinance, or other law may provide.

The release obligations set forth herein shall be binding on Hospital's successors and assigns.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 12th day of July, 2024.

WITNESSES: *[Signature]*

Printed Name: Paleana Sukre  
Stewart

Printed Name: Stephanie Ewell

HOSPITAL: *[Signature]*

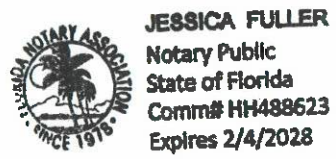
HCA Florida Largo Hospital  
Title: CFO

LARGO MEDICAL CENTER INC  
d/b/a HCA Florida Largo Hospital

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this day of July 12, 2024, by , as Notary Public of Florida, who is personally known to me or who has produced as identification.  
(NOTARY SEAL)

*[Signature]*



Notary Public  
Jessica Fuller  
Name Typed, Printed or Stamped  
My Commission Expires: 2/4/2028

**Release**

This Release is made and entered as of the date referenced below by Camille Henry, with a business address of 6000 49th St. N St. Petersburg, Fla 33709, ("Hospital").

**WHEREAS**, Hospital requested that Pinellas County ("County") adopt the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance"); and

**WHEREAS**, Hospital has provided the County assurances that the objectives and procedures addressed in the Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance or any assessment levied pursuant to the Ordinance.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

By signing this Release of Liability Form ("Release"), the undersigned Institutional Health Care Provider agrees to forever relieve and release Pinellas County ("County") and all of County's current, past, and future officers, agents, and employees from any and all claims, suits, and liabilities relating to the imposition of the special assessment pursuant to the Pinellas County Local Provider Participation Fund Ordinance as set forth in Article III of Chapter 110 of the Pinellas County Code of Ordinances ("Special Assessment").

The undersigned Institutional Health Care Provider is voluntarily executing this Release and agrees not to object to or challenge the enactment or enforcement of the Special Assessment in any administrative or legal action that any statute, administrative rule, ordinance, or other law may provide.

The release obligations set forth herein shall be binding on Hospital's successors and assigns.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 15<sup>th</sup> day of July, 2024

WITNESSES: Jennifer L. Sawyer  
Printed Name: Jennifer L. Sawyer  
C. R. Bailey  
Printed Name: Cedric R. Bailey

HOSPITAL:  
[Signature]  
Title: CEO

GALENCARE INC d/b/a HCA Florida Northside Hospital

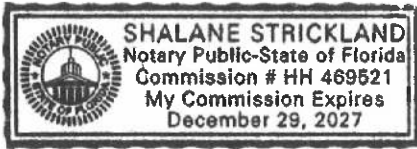
STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this day of July, 2024 by, as Camille Henry of HCA Florida Northside Hospital who is personally known to me or who has produced as identification.

(NOTARY SEAL)

Shalene Shuckland





Notary Public

Shalane Strickland Name

Typed, Printed or Stamped

My Commission Expires: 12/29/2027

**Release**

This Release is made and entered as of the date referenced below by María Caruso, with a business address of 1501 Pasadena Ave S, St. Petersburg, FL 33707, ("Hospital").

**WHEREAS**, Hospital requested that Pinellas County ("County") adopt the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance"); and

**WHEREAS**, Hospital has provided the County assurances that the objectives and procedures addressed in the Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance or any assessment levied pursuant to the Ordinance.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

By signing this Release of Liability Form ("Release"), the undersigned Institutional Health Care Provider agrees to forever relieve and release Pinellas County ("County") and all of County's current, past, and future officers, agents, and employees from any and all claims, suits, and liabilities relating to the imposition of the special assessment pursuant to the Pinellas County Local Provider Participation Fund Ordinance as set forth in Article III of Chapter 110 of the Pinellas County Code of Ordinances ("Special Assessment").

The undersigned Institutional Health Care Provider is voluntarily executing this Release and agrees not to object to or challenge the enactment or enforcement of the Special Assessment in any administrative or legal action that any statute, administrative rule, ordinance, or other law may provide.

The release obligations set forth herein shall be binding on Hospital's successors and assigns.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this 12 day of July, 2024

WITNESSES: \_\_\_\_\_

**HOSPITAL:**  
María Caruso  
Title: CFO

Printed Name: \_\_\_\_\_

Brent Burish

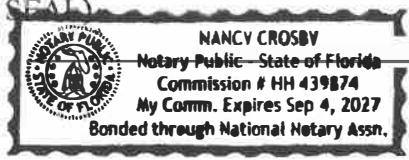
Printed Name: Brent Burish

WEST FLORIDA PPH LLC d/b/a  
HCA Florida Pasadena Hospital

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this day 12 of July, 2024, by María Caruso of HCA Florida Pasadena Hospital who is personally known to me or who has produced as identification.

(NOTARY SEAL)



Nancy Crosby

Notary Public

Nancy Crosby

Name

Typed, Printed or Stamped

My Commission Expires:

9/4/27

**Release**

This Release is made and entered as of the date referenced below by Maria Casuso, with a business address of 6500 38th Ave N St. Petersburg FL 33710, ("Hospital"). HCA Florida St. Petersburg Hospital

**WHEREAS**, Hospital requested that Pinellas County ("County") adopt the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance"); and

**WHEREAS**, Hospital has provided the County assurances that the objectives and procedures addressed in the Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance or any assessment levied pursuant to the Ordinance.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

By signing this Release of Liability Form ("Release"), the undersigned Institutional Health Care Provider agrees to forever relieve and release Pinellas County ("County") and all of County's current, past, and future officers, agents, and employees from any and all claims, suits, and liabilities relating to the imposition of the special assessment pursuant to the Pinellas County Local Provider Participation Fund Ordinance as set forth in Article III of Chapter 110 of the Pinellas County Code of Ordinances ("Special Assessment").

The undersigned Institutional Health Care Provider is voluntarily executing this Release and agrees not to object to or challenge the enactment or enforcement of the Special Assessment in any administrative or legal action that any statute, administrative rule, ordinance, or other law may provide.

The release obligations set forth herein shall be binding on Hospital's successors and assigns.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11 day of July, 2024

WITNESS: [Signature]

Printed Name: Robin Woods

WITNESS [Signature]

Printed Name: D. Martinez

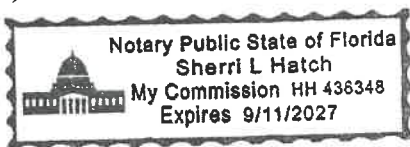
HOSPITAL:  
[Signature]  
Title: CEO

GALEN OF FLORIDA INC d/b/a/  
HCA Florida St. Petersburg  
Hospital

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this day of, 2024, by, as Maria Casuso of HCA Florida St. Petersburg Hospital, who is personally known to me or who has produced as identification.

(NOTARY SEAL)



[Signature] July 11, 2024  
Notary Public Sherri L. Hatch  
Name Typed, Printed or Stamped  
My Commission Expires: 9-11-2027