

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 15th 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:

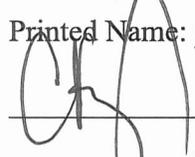
The foregoing recitals are true and are incorporated herein by reference.

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
DmarRosCabot

HOSPITAL: BayCare Alliant

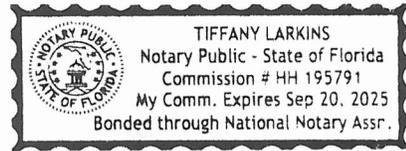
Maya Pérez
Title: CEO

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 9th day of July, 2024. **HOSPITAL:**

WITNESSES: _____
Printed Name: Patrice Nolan Lane
Patrice Nolan Lane
Printed Name: Jamie Laraja
Jamie Laraja

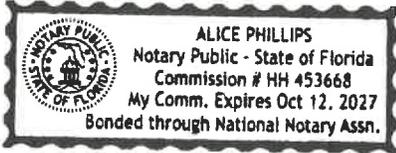
BayCare Health System on behalf of
St. Anthony's Hospital, Morton Plant
Hospital, Mease Countryside
Hospital, and Mease Dunedin
Hospital.
Keri Eisenbeis
Title: Chief of Staff

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 Bayliss 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

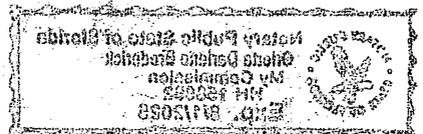
STATE OF FLORIDA
COUNTY OF Pinellas

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 10th day of July, 2024

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

Joshua Redinger
Printed Name: Joshua Redinger

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 9th day of July, 2024.

HOSPITAL:

M. J. Han
Title: Regional Controller

WITNESSES: _____

Printed Name: _____

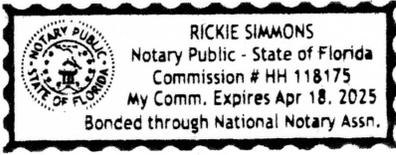
Printed Name: _____

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)

Richard S. [Signature]



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

HOSPITAL: [Signature]
HCA Florida Largo Hospital
Title: CFO

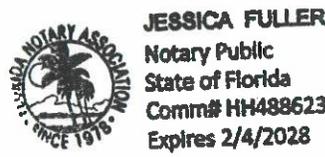
Printed Name: Stephanie Ewell

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 15th day of July, 2024

WITNESSES: Jennifer L. Sawyer
Printed Name: Jennifer L. Sawyer
Cedric 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 Maria 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:
Maria Caruso
Title: CFO

Printed Name: _____

Brent Burish

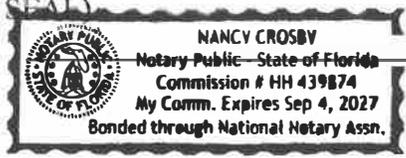
Printed Name: Brent Burish

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 Maria 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

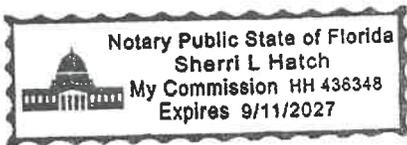
HOSPITAL:
[Signature]
Title: CEO

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