

**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 day of April, 2024  
**HOSPITAL:**

WITNESSES: Alice M Phillips  
Printed Name: Alice M Phillips  
Jamie Larcia  
Printed Name: Jamie Larcia

BayCare Health System on behalf of St. Anthony's Hospital, Morton Plant Hospital, Mease Countryside Hospital, and Mease Dunedin Hospital.

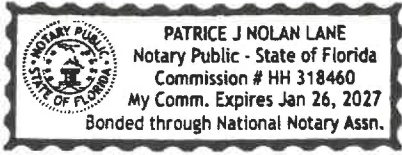
J. Larcia  
Title: Chief of Staff

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, 2024, by , as Chief of Staff of BayCare Health System  
who is personally known to me or who has produced as identification.

(NOTARY SEAL)

Patrice Nolan Lane  
Notary Public  
Patrice Nolan Lane Name  
Typed, Printed or Stamped  
My Commission Expires: January 26, 2027



**Release and Indemnification**

This Release and Indemnification is made and entered as of the date referenced below by 04/12/2024, 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 12 day of April, 2024.

WITNESSES: Caitlin Fogal / Tracy Devae

Printed Name: Caitlin Fogal  
Caitlin Fogal

Printed Name: Tracy Devae  
Tracy Devae

HOSPITAL: BayCare Alliant

Maya Perez  
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 , 2024 by , as Maya Perez, CEO of BayCare Alliant Hospital ,  
who is personally known to me or who has produced as identification.

(NOTARY SEAL)

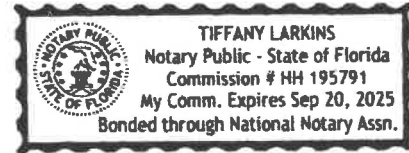
Tiffany Larkins-Woods

Notary Public

Tiffany Larkins Woods Name

Typed, Printed or Stamped

My Commission Expires: 9-20-2025



**Release and Indemnification**

This Release and Indemnification is made and entered as of the date referenced below by Windmoor Healthcare of Clearwater, with a business address of 11300 U.S Highway 19 N 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 1<sup>st</sup> day of April, 2024.

WITNESSES: Tamara McCall

Printed Name: Tamara McCall

**HOSPITAL:**

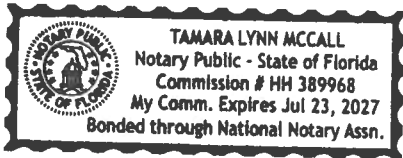
Windmoor Healthcare  
Title: CEO \_\_\_\_\_

Printed Name: Joshua Rodriguez

Joshua Rodriguez

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of X physical presence  
or \_\_\_ online notarization, this day of April 1<sup>st</sup>, 2024, by , as Joshua Rodriguez of Windmoor Healthcare of  
Clearwater, who is personally known to me or who has produced as identification.  
(NOTARY SEAL)



Tamara  
Notary Public  
Tamara McCall Name  
Typed, Printed or Stamped  
My Commission Expires: 7/23/2027

**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 4<sup>th</sup> day of April, 2024.

WITNESSES: [Signature]

Printed Name: Geneva Hicks

[Signature]

Printed Name: Cathryn Mitchell

**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 , as President of Johns Hopkins All Children's Hospital, who is personally known to me or who has produced as identification.  
(NOTARY SEAL)



Christine Marie Graham  
Notary Public

Christine Marie Graham  
Name, Typed or Stamped  
My Commission Expires: 6/16/2026

**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 4th day of April, 2024.

WITNESSES: *Yanira Oliveras*  
Printed Name: Yanira Oliveras  
*Elizabeth Snyder*  
Printed Name: Elizabeth Snyder

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





**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 9 day of April, 2024.

WITNESSES: Mary Pat Starkey

Printed Name: Mary Pat Starkey

Christie L. Sena

Printed Name: Christie L. Sena

**HOSPITAL:**

[Signature]  
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 of , 2024, by , as President and CEO of AdventHealth North Pinellas,  
who is personally known to me or who has produced as identification.

(NOTARY SEAL)

\*This 9<sup>th</sup> day of April, 2024  
by Ryan Quattlebaum

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



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

**Release**

This Release is made and entered as of the date referenced below by HCA Florida Largo Hospital 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 4<sup>th</sup> day of April, 2024.

WITNESSES: [Signature]  
Printed Name: Shonda Van Cleef

**HOSPITAL:**  
[Signature]  
Title: CFO

[Signature]  
Printed Name: Patricia Maresca

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 Glenn Ronig, CFO of HCA Florida Largo Hospital who is personally known to me or who has produced as identification.

(NOTARY SEAL)



[Signature]

Notary Public

Jennifer Sanabria Name

Typed, Printed or Stamped

My Commission Expires: 7/25/27

**Release**

This Release is made and entered as of the date referenced below by HCA Florida Northside Hospital, with a business address of 6000 49th St. N St. Petersburg, Fl 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:

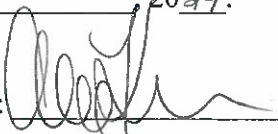
The foregoing recitals are true and are incorporated herein by reference.

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").

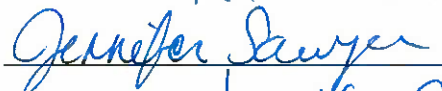
The undersigned Institutional Health Care Provider is voluntarily executing this Release and agrees not to object to or challenge the enactment or enforcement of the Special Assessment in any administrative or legal action that any statute, administrative rule, ordinance, or other law may provide.

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

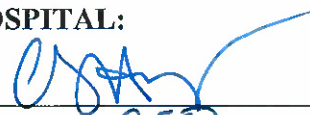
IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 5<sup>th</sup> day of April, 2024.

WITNESSES: 

Printed Name: Alexandra Kuhn



Printed Name: Jennifer Sawyer

HOSPITAL:   
Title: CFO

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 Camille Henry of HCA Florida Northside Hospital who is personally known to me or who has produced as identification.

(NOTARY SEAL)





Notary Public

Shalane Strickland Name

Typed, Printed or Stamped

My Commission Expires: 12/31/27



April 8, 2024

Tim Burns, Director of Programs  
Department of Humans Services  
Pinellas County Government  
440 Court Street  
Clearwater, FL 33756

Re: Petition for Annual Hospital Assessments for Supplemental Payment Programs

Mr. Burns:

This letter of request is being sent at the direction of Pinellas County.

West Florida – PPH, LLC, dba HCA Florida Pasadena Hospital (the “Institutional Health Care Provider”) is the owner of certain hospital facilities located on real property, or is the leaseholder of real property with a right to occupy, described in Exhibit A (the “Property”). Institutional Health Care Provider hereby petitions Pinellas County, Florida (the “County”) to impose special assessments against the Property, the proceeds of which will be deposited into the Local Provider Participation Fund (“LPPF”) for remittal for the Hospital Directed Payment Program authorized by the State of Florida in State Fiscal Year 2023-2024, to support the nonfederal share of supplemental payment program funding.

HCA Florida Pasadena Hospital

A handwritten signature in blue ink that reads "Maria Caruso".

Name: Maria Caruso  
Title: Chief Financial Officer  
Date: April 8, 2024



**Release**

This Release is made and entered as of the date referenced below by West Florida - PPH, LLC, dba HCA Florida Pasadena Hospital, 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 8 day of April, 2024.

**HOSPITAL:**

Maria Caruso  
Title: CFO

WITNESSES:

Jessica Hoge

Printed Name: Jessica Hoge

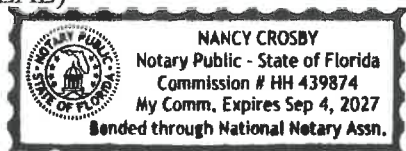
BCPT

Printed Name: BENJAMIN COMPTON

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 8 day of, 2024, by, as 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

## Exhibit A

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PINELLAS COUNTY FL OFF. REC. BK 18186 PG 2452

**PARCEL 3:** 1501 PASADENA AVENUE SOUTH (PIN 30/31/16/18180/000/0300)

TRACT 3, 5 AND 6, COREY BRIDGEHEAD SUBDIVISION, ACCORDING TO THE PLAT THEREOF RECORDED IN PLAT BOOK 32, PAGE 29, OF THE PUBLIC RECORDS OF PINELLAS COUNTY, FLORIDA

LESS AND EXCEPT PROPERTY DESCRIBED IN DEED BOOK 1468, PAGE 541 AND CLERK'S INSTRUMENT NUMBERS 470782A, 470783A, 225251B, 67-38905, AND 70-1050 TOGETHER WITH THE PROPERTY DESCRIBED IN CLERK'S INSTRUMENT NO. 70105032, OF THE PUBLIC RECORDS OF PINELLAS COUNTY, FLORIDA. AND BEING FURTHER DESCRIBED AS FOLLOWS:

FROM A POINT OF BEGINNING AT THE SOUTHWEST CORNER TRACT 3, COREY BRIDGEHEAD SUBDIVISION, AS RECORDED IN PLAT BOOK 32, PAGE 29, OF THE PUBLIC RECORDS OF PINELLAS COUNTY, FLORIDA, RUN NORTH 0° 11' 33" EAST, 181.22 FEET; THENCE NORTH 69°11'33" EAST, 15.22 FEET; THENCE BY A CURVE TO THE RIGHT, RADIUS 351.00 FEET, ARC 128.65 FEET CHORD NORTH 79°41' 33" EAST, 127.93 FEET; THENCE SOUTH 89°48'27" EAST, 302.96 FEET; THENCE BY A CURVE TO THE RIGHT, RADIUS 216.00 FEET, ARC 89.00 FEET, CHORD SOUTH 78°00' 13" EAST, 88.37 FEET; THENCE BY A CURVE TO THE LEFT, RADIUS 274.00 FEET, AND 112.90 FEET, CHORD SOUTH 78°00' 13" EAST, 112.00 FEET; THENCE SOUTH 89°49' 48" EAST, 64.01 FEET, (DEED SOUTH 89°48'27" EAST, 64.04 FEET) TO THE NORTHWEST CORNER OF TRACT 5 OF SAID COREY BRIDGEHEAD SUBDIVISION; THENCE SOUTH 89°49'27" EAST, 369.86 FEET ALONG THE NORTH LINE OF SAID TRACT 5 TO

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PINELLAS COUNTY FL OFF. REC. BK 18186 PG 2453

THE MOST WESTERLY CORNER OF LANDS DESCRIBED IN PINELLAS COUNTY, FLORIDA CLERK'S INSTRUMENT NO. 225251B; THENCE RUN SOUTH 30°52'24" EAST, 20.66 FEET, (DEED SOUTH 30°59'28" EAST, 20.75 FEET) TO A POINT ON THE WESTERLY RIGHT-OF-WAY LINE OF STATE ROAD #690, DESCRIBED IN PINELLAS COUNTY, FLORIDA CLERK'S INSTRUMENT NO. 470782A AND 470783A; THENCE ALONG SAID RIGHT-OF-WAY LINE BY A CURVE TO THE RIGHT RADIUS 1392.39 FEET, ARC 538.27 FEET, CHORD SOUTH 39°31' 15" WEST, 534.92 FEET, TO AN INTERSECTION WITH THE SOUTHERLY LINE OF TRACT 5 OF SAID COREY BRIDGEHEAD SUBDIVISION; THENCE RUN NORTH 61 °36' 16" WEST, 555.37 FEET ALONG THE SOUTHERLY LINE OF SAID TRACT 6, ITS EXTENSION, AND THE SOUTHERLY LINE OF SAID TRACT 3; THENCE RUN NORTH 89°48'27" WEST, 255.27 FEET TO THE POINT OF BEGINNING.



April 8, 2024

Tim Burns, Director of Programs  
Department of Humans Services  
Pinellas County Government  
440 Court Street  
Clearwater, FL 33756

Re: Petition for Annual Hospital Assessments for Supplemental Payment Programs

Mr. Burns:

This letter of request is being sent at the direction of Pinellas County.

Galen of Florida Inc. d/b/a HCA Florida St. Petersburg Hospital (the "Institutional Health Care Provider") is the owner of certain hospital facilities located on real property, or is the leaseholder of real property with a right to occupy, described in Exhibit A (the "Property"). Institutional Health Care Provider hereby petitions Pinellas County, Florida (the "County") to impose special assessments against the Property, the proceeds of which will be deposited into the Local Provider Participation Fund ("LPPF") for remittal for the Hospital Directed Payment Program authorized by the State of Florida in State Fiscal Year 2023-2024, to support the nonfederal share of supplemental payment program funding.

HCA Florida St. Petersburg Hospital

A handwritten signature in blue ink that reads "Maria Caruso".

Name: Maria Caruso  
Title: Chief Financial Officer  
Date: April 9, 2024

6500 38th Avenue North  
St Petersburg, FL 33710

[HCAfloridahealthcare.com/stpetersburghospital](https://HCAfloridahealthcare.com/stpetersburghospital)

## **EXHIBIT A**

ST PETERSBURG GENERAL SUB BLK 1, PT OF LOT 1 DESC FROM NE COR OF LOT 1 TH  
W 207.1FT FOR POB TH S 640.87FT TH N81DW 796.75FT TH N45DW 105.15FT TH  
N01DW 271.66FT TH E 150FT TH N01DW 150FT TH E 50FT TH N 10FT TH E 664.69FT TO  
POB CONT 10.6AC(C)

6500 38th Avenue North  
St Petersburg, FL 33710

[HCAfloridahealthcare.com/stpetersburghospital](http://HCAfloridahealthcare.com/stpetersburghospital)

**Release**

This Release is made and entered as of the date referenced below by HCA Florida St. Petersburg Hospital, with a business address of 6500 38th Avenue North, St. Petersburg, FL 33710, ("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 8 day of April, 2024.

WITNESSES: Jessica Hoge  
Printed Name: Jessica Hoge  
Kristie Mata  
Printed Name: KRISTIE MATA

**HOSPITAL:**  
[Signature]  
Title: CFO

STATE OF FLORIDA  
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this day of 8, 2024, by , as Maria Caruso of HCA FL St. Petersburg 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 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 12<sup>th</sup> day of April, 2024.

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

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

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

**HOSPITAL:**

Steph Hart  
Title: Regional Controller

STATE OF FLORIDA  
COUNTY OF ~~Pinellas~~ Clay

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

(NOTARY SEAL)

Breanne Sum



Notary Public

Rickie Simmons Name

Typed, Printed or Stamped

My Commission Expires: 4/18/25

