

RELEASE AND INDEMNIFICATION

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

WHEREAS, Hospital requested and Pinellas County ("County") adopted the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance") on April 23, 2024; and

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

WHEREAS, Hospital now requests that the County adopt the Pinellas County Assessment Rate Resolution ("Resolution") on June 17, 2025; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance and the Resolution, or any amendments thereto, for 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 rate 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 or amend 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 ____ day of May, 2025.

HOSPITAL:

WITNESSES:

Mary Pet Starkey

Printed Name:

Mary Pet Starkey

Christie Senu

Printed Name:

Christie Senu

Andrew Santos

Title:

President / CEO

STATE OF FLORIDA
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of X physical presence
or / online notarization, this 21st day of May, 2025, by Andrew Santos, as President/CEO of AdventHealth North Pinellas,
who is personally known to me or who has produced as identification.
(NOTARY SEAL)

Notary Public



MARCELA PERTSAS

Notary Public

State of Florida

Comm# HH224360

Expires 3/5/2026

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 BayCare Health System, with a business address of BayCare Alliant, ("Hospital").

WHEREAS, Hospital requested and Pinellas County ("County") adopted the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance") on April 23, 2024; and

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

WHEREAS, Hospital now requests that the County adopt the Pinellas County Assessment Rate Resolution ("Resolution") on June 17, 2025; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance and the Resolution, or any amendments thereto, for 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 rate 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 or amend 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 22 day of May, 2025.

WITNESSES: Alanah Colon

Printed Name: Alanah Colon

Stu

Printed Name: Stephen Younger

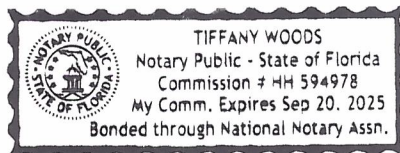
HOSPITAL:

Maya Pérez

Title: CEO of BayCare Alliant

STATE OF FLORIDA
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of ☒ physical presence
or ☐ online notarization, this 22 day of May, 2025, by Maya Pérez, as CEO
of BayCare Alliant Hospital, who is personally known to me or who has produced as identification.
(NOTARY SEAL)



Tiffany Woods
Notary Public

Tiffany Woods

Name (Typed, Printed or Stamped)

My Commission Expires: Sep 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 and Pinellas County ("County") adopted the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance") on April 23, 2024; and

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

WHEREAS, Hospital now requests that the County adopt the Pinellas County Assessment Rate Resolution ("Resolution") on June 17, 2025; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance and the Resolution, or any amendments thereto, for 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 rate 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 or amend 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 21 day of May, 2025.

WITNESSES:

Alice M. Phillips

Printed Name:

Alice M. Phillips

Ann Morris

Printed Name:

Ann Morris

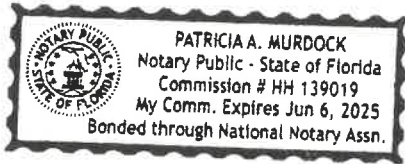
HOSPITAL:

Kaiser

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 21 day of May, 2025, by, as KERLESON of BAYCARE HEALTH SYSTEM,
who is personally known to me or who has produced as identification.
(NOTARY SEAL)



Patricia A. Murdock

Notary Public

Patricia A. Murdock

Name (Typed, Printed or Stamped)

My Commission Expires: June 6, 2025

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 and Pinellas County (“County”) adopted the Pinellas County Local Provider
Participation Fund Ordinance (“Ordinance”) on April 23, 2024; and

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

WHEREAS, Hospital now requests that the County adopt the Pinellas County Assessment Rate Resolution
 (“Resolution”) on June 17, 2025; and

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

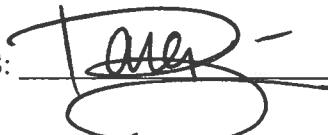
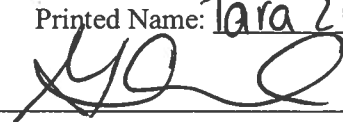
WHEREAS, pursuant to the Ordinance, and in consideration of the County adopting the Ordinance,
Institutional Health Care Providers (as such term is defined in the Ordinance), such as Hospital, responsible for at least
fifty-one percent (51%) of the total Assessment amount for the forthcoming Fiscal Year 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 rate 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 or amend
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 22 day of May, 2025.

WITNESSES: 
Printed Name: Tara Zimmermann

Printed Name: Geneva Hicks

HOSPITAL:

Name: K. Alicia Schulhof
Title: President

STATE OF FLORIDA
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of ✓ physical presence
or online notarization, this 22 day of May, 2025, by , as President of Johns Hopkins All,
who is personally known to me or who has produced as identification. Children's Hospital
(NOTARY SEAL)

 **KENDAL RHOADES**
Notary Public
State of Florida
Comm# HH294229
Expires 11/26/2026

Kendal Rhoades
Notary Public
Kendal Rhoades
Name (Typed, Printed or Stamped)
My Commission Expires: 11/26/2026

RELEASE AND INDEMNIFICATION

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

WHEREAS, Hospital requested and Pinellas County ("County") adopted the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance") on April 23, 2024; and

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

WHEREAS, Hospital now requests that the County adopt the Pinellas County Assessment Rate Resolution ("Resolution") on June 17, 2025; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance and the Resolution, or any amendments thereto, for 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 rate 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 or amend 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 ____ day of May, 2025.

HOSPITAL:

WITNESSES:

Printed Name:

Lorraine Parker
Ann McConney

Printed Name:

Title: President

STATE OF FLORIDA
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of physical presence
or ____ online notarization, this 22 day of May, 2025, by , as ____ of _____,
who is personally known to me or who has produced as identification.
(NOTARY SEAL)

Notary Public

Name (Typed, Printed or Stamped)

My Commission Expires:



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 US Hwy 19 N, Clearwater, FL 33764, (“Hospital”).

WHEREAS, Hospital requested and Pinellas County (“County”) adopted the Pinellas County Local Provider Participation Fund Ordinance (“Ordinance”) on April 23, 2024; and

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

WHEREAS, Hospital now requests that the County adopt the Pinellas County Assessment Rate Resolution (“Resolution”) on June 17, 2025; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Ordinance and the Resolution, or any amendments thereto, for 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 rate 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 or amend 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 21 day of May, 2025.

HOSPITAL: Windmoor Healthcare of
Clearwater

WITNESSES: Sybil Dando

Joshua Rodriguez

Joshua Rodriguez

Title: CEO/Managing Director

Printed Name: Sybil Dando

Printed Name: _____

STATE OF FLORIDA
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of in physical presence
or _____ online notarization, this 21 day of May, 2025, by , as _____ of Josh Rodriguez,
who is personally known to me or who has produced as identification.
(NOTARY SEAL)



Karolina Austin
Comm.: HM 207060
Expires: Dec. 13, 2025
Notary Public - State of Florida

Karolina Austin
Notary Public

Karolina Austin
Name (Typed, Printed or Stamped)
My Commission Expires: Dec 13 2025

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 STREET SW, LARGO, FL 33770, ("Hospital").

WHEREAS, Hospital requested and Pinellas County ("County") adopted the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance") on April 23, 2024; and

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

WHEREAS, Hospital now requests that the County adopt the Pinellas County Assessment Rate Resolution ("Resolution") on June 17, 2025; and

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

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 special assessment rate 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 or amendment of the Special Assessment Rate 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 21st day of May, 2025.

WITNESSES: 

Printed Name: CHRIS CARSON

WITNESSES: 

Printed Name: Madelyn McDermid

HOSPITAL: HCA Florida Largo Hospital

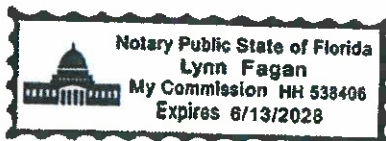
SIGNED: 

TITLE: Chief Financial Officer

DATE: May 21, 2025

STATE OF FLORIDA
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of physical presence this 21st day of May, 2025, by, Glenn Romig, CFO of HCA Florida Largo Hospital, who is personally known to me or who has produced as identification.
(NOTARY SEAL)




Notary Public

Lynn Fagan
Name (Typed, Printed or Stamped)

My Commission Expires: June 13, 2028

RELEASE

This Release is made and entered as of the date referenced below by Galencare, Inc. d/b/a HCA Florida Northside Hospital with a business address of 6000 49th Street N., St. Petersburg, FL, ("Hospital").

WHEREAS, Hospital requested and Pinellas County ("County") adopted the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance") on April 23, 2024; and

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

WHEREAS, Hospital now requests that the County adopt the Pinellas County Assessment Rate Resolution ("Resolution") on June 17, 2025; and

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

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.

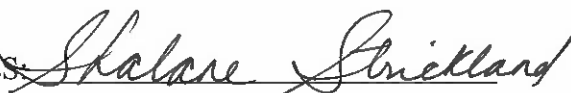
By signing this Release of Liability Form ("Release"), the undersigned Institutional Health Care Provider agrees to forever relieve and release Pinellas County ("County") and all of County's current, past, and future officers, agents, and employees from any and all claims, suits, and liabilities relating to the special assessment rate 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 or amendment of the Special Assessment Rate in any administrative or legal action that any statute, administrative rule, ordinance, or other law may provide.

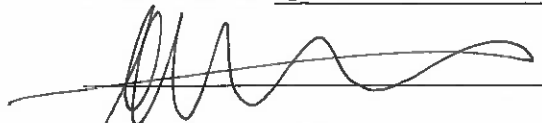
The release obligations set forth herein shall be binding on Hospital's successors and assigns.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 21 day of May, 2025.

WITNESSES:

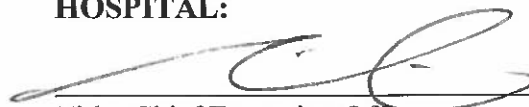


Printed Name: Shalane Strickland



Printed Name: Stephanie Tijerna

HOSPITAL:



Title: Chief Executive Officer

STATE OF FLORIDA
COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of X physical presence or ___ online notarization, this 21 day of May, 2025, by Philip Marchesini, as Chief Executive Officer of Galencare, Inc. d/b/a HCA Florida Northside Hospital, who is X personally known to me or who has produced as identification.

(NOTARY SEAL)

Jennifer L. Sawyer
Notary Public

Jennifer L. Sawyer
Name (Typed, Printed or Stamped)
My Commission Expires: _____



RELEASE

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

WHEREAS, Hospital requested and Pinellas County ("County") adopted the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance") on April 23, 2024; and

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

WHEREAS, Hospital now requests that the County adopt the Pinellas County Assessment Rate Resolution ("Resolution") on June 17, 2025; and

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

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 special assessment rate 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 or amendment of the Special Assessment Rate 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 21 day of May, 2025.

WITNESSES:

Printed Name:

Emily Mintner

[Signature]

Printed Name:

Brent Burt L

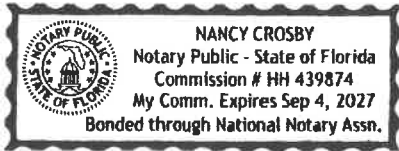
HOSPITAL:

Title:

CEO

COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of ☒ physical presence
or ___ online notarization, this 21 day of May, 2025, by, as Maria Canuso 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 Maria Caruso, with a business address of 1501 Pasadena Ave S, St. Petersburg, FL 33701, ("Hospital").

WHEREAS, Hospital requested and Pinellas County ("County") adopted the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance") on April 23, 2024; and

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

WHEREAS, Hospital now requests that the County adopt the Pinellas County Assessment Rate Resolution ("Resolution") on June 17, 2025; and

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

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 special assessment rate 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 or amendment of the Special Assessment Rate 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 21 day of May, 2025.

WITNESSES:

Printed Name. Emily Mintner

Printed Name: Brent Burish

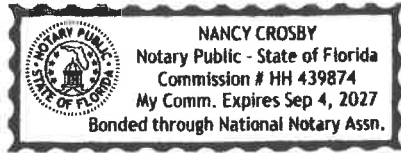
HOSPITAL:

Title: CEO

COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of ☒ physical presence
or ___ online notarization, this 21 day of May, 2025, by , as Maria Caruso of HCA FL 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 Kindred Hospital Bay Area – St. Petersburg, with a business address of 400 30th Ave South, St. Petersburg, FL 33705, ("Hospital").

WHEREAS, Hospital requested and Pinellas County ("County") adopted the Pinellas County Local Provider Participation Fund Ordinance ("Ordinance") on April 23, 2024; and

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

WHEREAS, Hospital now requests that the County adopt the Pinellas County Assessment Rate Resolution ("Resolution") on June 17, 2025; and

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

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 special assessment rate 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 or amendment of the Special Assessment Rate 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 21 day of May, 2025.

HOSPITAL:

WITNESSES: _____

Atty. Hart
Title: Regional Controller

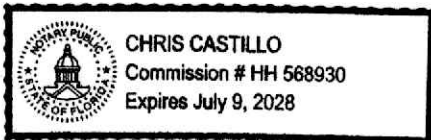
Printed Name: _____

Printed Name: _____

STATE OF FLORIDA

COUNTY OF ~~Pinellas~~ CLAY

The foregoing instrument was acknowledged before me by means of ✓ physical presence
or online notarization, this 21 day of May, 2025, by , as Steven Hart of
Kindred Hospital, who is personally known to me or who has produced as identification.
(NOTARY SEAL)





Notary Public

Chris Castillo

Name (Typed, Printed or Stamped)
My Commission Expires: July 9, 2028