

Certification of Taxable Value

SECTION I

Year: 2007

County: Broward

Principal Authority: N Broward Hosp Distr

Taxing Authority: N Broward Hospital District

FOR DOR USE ONLY
City:
TA:
Levy:

DR-420
R. 06/07

- (1) Current Year Taxable Value of Real Property for Operating Purposes \$ 118,337,460,860 (1)
(2) Current Year Taxable Value of Personal Property for Operating Purposes \$ 5,596,647,810 (2)
(3) Current Year Taxable Value of Centrally Assessed Property for Operating Purposes \$ 31,890,286 (3)
(4) Current Year Gross Taxable Value for Operating Purposes (1) + (2) + (3) = (4) \$ 123,965,998,956 (4)
(5) Current Year Net New Taxable Value (New Construction + Additions + Rehabilitative Improvements Increasing Assessed Value By At Least 100% + Annexations + Total Tangible Personal Property Taxable Value In Excess of 115% of the Previous Year's Total Tangible Personal Property Taxable Value - Deletions) \$ 2,046,798,443 (5)
(6) Current Year Adjusted Taxable Value (4) - (5) \$ 121,919,200,513 (6)
(7) Prior Year FINAL Gross Taxable Value (From Prior Year Applicable Form DR-403 Series) \$ 111,227,352,419 (7)
(8) Enter number of Tax Increment Value Worksheets (DR-420TIF) attached (If none, enter 0) 10

I do hereby certify the values shown herein to be correct to the best of my knowledge and belief. Witness my hand and official signature at Fort Lauderdale, Florida, this the 25th day of July, 2007 (Month, and Year) Signature of Property Appraiser

SECTION II TAXING AUTHORITY: If this portion of the form is not completed in FULL your Authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is inapplicable, enter N/A or 0-

- (9) Prior Year Operating Millage Levy \$ 1.8317 per \$1,000 (9)
(10) Prior Year Ad Valorem Proceeds (7) x (9) \$ 203,735,141 (10)
(11) Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value: Sum of either line (3)c or (4)a for all DR-420TIF forms \$ 4,605,158 (11)
(12) Adjusted Prior Year Ad Valorem Proceeds (10) - (11) \$ 199,129,983 (12)
(13) Dedicated Increment Value, if any: Sum of either line (3)b or (4)e for all DR-420TIF forms \$ 3,091,791,434 (13)
(14) Adjusted Current Year Taxable Value (6) - (13) \$ 118,827,409,079 (14)
(15) Current Year Rolled-Back Rate (12) divided by (14) \$ 1.6758 per \$1,000 (15)
(16) Current Year Proposed Operating Millage Rate \$ 1.6255 per \$1,000 (16)

- (17) Check TYPE of Principal Authority (check one) [] County [X] Independent Sp. Dist. [] Municipality [] Water Man. District
(18) Check Applicable Taxing Authority (check one) [] Principal Authority [X] Dep. Spec. Dist. [] MSTU
(19) Is millage levied in more than one county? (check one) [] Yes [X] No

- (20) Current Millage Levy for Voted Debt Service \$ -0- per \$1,000 (20)
(21) Current Millage Levy for Other Voted Millage \$ -0- per \$1,000 (21)

- (22) Enter the Total Adjusted Prior Year Ad Valorem Proceeds of ALL Dependent Special Districts and MSTUs levying a millage. (The sum of Line (12) from each District's and MSTU's Form DR-420) \$ -0- (22)
(23) Total Adjusted Prior Year Ad Valorem Proceeds: (12) + (22) \$ 199,129,983 (23)
(24) The Current Year Aggregate Rolled-Back Rate: (23) divided by (14) \$ 1.6758 per \$1,000 (24)
(25) Current Year Aggregate Rolled-Back Taxes (4) x (24) \$ 207,742,221 (25)
(26) Enter Total of all non-voted Ad Valorem Taxes proposed to be levied by the Principal Taxing Authority, all Dependent Districts, and MSTUs if any. Sum of line (16) x line (4) from all Form DR-420s \$ 201,506,731 (26)
(27) Current Year Proposed Aggregate Millage Rate: (26) divided by (4) \$ 1.6255 per \$1,000 (27)
(28) Current Year Proposed Rate as a Percent Change of Rolled-Back Rate: [(Line 27 divided by Line 24) - 1.00] x 100 (3.0) % (28)

Date, Time and Place of the First Public Budget Hearing: September 19, 2007 5:30 PM Broward General Medical Center Auditoriums, 1600 S Andrews Ave, Ft. Lauderdale

I do hereby certify the millages and rates shown herein to be correct to the best of my knowledge and belief. FURTHER, I certify that all millages comply with the provisions of Section 200.185 and 200.071 or 200.081, F.S. WITNESS my hand and official signature at Fort Lauderdale, Florida, this the 25th day of July, 2007 (Month, and Year)

Signature and Title of Senior VP/CFO: Frank P. Neal, 303 SE 17 Street, Ft. Lauderdale, FL 33316

Address of Physical Location: 303 SE 17 Street, Ft. Lauderdale, FL
Name of Contact Person: Nathan Goren, 954 355 5123, 954 355 4774

TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
N. 06/07

SECTION I

Year: 2007

County: Broward

Principal Authority: North Broward Hospital

Taxing Authority: North Broward Hospital

Community Redevelopment Area: Pompano Beach East

(1) Tax Increment Value in Current Year \$ 172,100,910 (1)
(2) Tax Increment Value in Previous Year \$ 141,713,440 (2)

I do hereby certify the values shown herein to be correct to the best of my knowledge and belief. Witness my hand and official signature at

Fort Lauderdale, Florida, this the 1st day of July, 2007 (Month, and Year).

Handwritten signature of Yore Parresh, Signature of Property Appraiser

SECTION II

To be completed by taxing authority. Please complete either line (3) or line (4) as applicable. Do NOT complete both.

(3) If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the "tax increment value":

(3)a Enter the proportion on which the payment is based. If the payment is equal to the full millage times the increment value, enter 100% 95 % (3)a
(3)b Dedicated Increment Value (3)a x (1) \$ 163,495,865 (3)b
(3)c Amount of Payment to Redevelopment Trust Fund in Previous Year \$ 246,598 (3)c

(4) If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the "tax increment value":

(4)a Amount of Payment to Redevelopment Trust Fund in Previous Year \$ (4)a
(4)b Prior Year Operating Millage Levy Form DR-420, line (9) \$ per \$1000 (4)b
(4)c Taxes Levied on Previous Year Tax Increment Value (2) x (4)b divided by 1000 \$ (4)c
(4)d Previous Year Payment as Proportion of Taxes Levied on Increment Value (4)a divided by (4)c % (4)d
(4)e Dedicated Increment Value (4)d x (1) \$ (4)e

I do hereby certify the calculations, millages and rates shown herein to be correct to the best of my knowledge and belief, WITNESS my hand and official signature at Fort Lauderdale, Florida, this the 30th day of July 2007 (Month, and Year).

Handwritten signature of Frank P. Kud, Signature and Title of Senior VP/CFO

303 SE 17th Street, Ft. Lauderdale, FL Address of Physical Location

303 SE 17th Street Mailing Address

Nathan Goren Name of Contact Person

Ft. Lauderdale FL 33316 City State Zip

954 355 5123 954 355 4774 Phone # Fax #

SEE INSTRUCTIONS ON REVERSE SIDE