

SECTION I

Certification of Taxable Value

Year: 2007

County: Broward

Principal Authority: S Broward Hosp Dist

FOR DOR USE ONLY
City:
TA:
Levy:

DR-420
R. 06/07

Taxing Authority: S. Broward Hosp. Dist.

- (1) Current Year Taxable Value of Real Property for Operating Purposes \$ 50,774,859,360
(2) Current Year Taxable Value of Personal Property for Operating Purposes \$ 2,284,869,554
(3) Current Year Taxable Value of Centrally Assessed Property for Operating Purposes \$ 9,938,759
(4) Current Year Gross Taxable Value for Operating Purposes (1) + (2) + (3) = (4) \$ 53,069,667,673
(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 - \$ 1,076,409,775
(6) Current Year Adjusted Taxable Value (4) - (5) \$ 51,993,257,898
(7) Prior Year FINAL Gross Taxable Value (From Prior Year Applicable Form DR-403 Series) \$ 46,864,762,798
(8) Enter number of Tax Increment Value Worksheets (DR-420TIF) attached (If none, enter 0) 4

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 Florida, this the day of (Month, and Year)

SEE BACK OF FORM FOR CERTIFICATION

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 \$ 1.3300 per \$1,000 (9)
(10) Prior Year Ad Valorem Proceeds (7) x (9) \$ 62,330,135.00 (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 \$ 1,412,155.00 (11)
(12) Adjusted Prior Year Ad Valorem Proceeds (10) - (11) \$ 60,917,980.00 (12)
(13) Dedicated Increment Value, if any: Sum of either line (3)b or (4)e for all DR-420TIF forms \$ 1,246,206,202.00 (13)
(14) Adjusted Current Year Taxable Value (6) - (13) \$ 50,747,051,696.00 (14)
(15) Current Year Rolled-Back Rate (12) divided by (14) \$ 1.2004 per \$1,000 (15)
(16) Current Year Proposed Operating Millage Rate \$ 1.1643 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)
[x] Principal Authority [] Dep. Spec. Dist. [] MSTU
(19) Is millage levied in more than one county? (check one)
[] Yes [] No

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

DEPENDENT SPECIAL DISTRICTS AND MSTUs SKIP lines (22) through (28)

- (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) \$ - (22)
(23) Total Adjusted Prior Year Ad Valorem Proceeds: (12) + (22) \$ 60,917,980.00 (23)
(24) The Current Year Aggregate Rolled-Back Rate: (23) divided by (14) \$ 1.2004 per \$1,000 (24)
(25) Current Year Aggregate Rolled-Back Taxes (4) x (24) \$ 63,704,829.00 (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 \$ 61,789,014.00 (26)
(27) Current Year Proposed Aggregate Millage Rate: (26) divided by (4) \$ 1.1643 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 -3.01 % (28)

Date, Time and Place of the First Public Budget Hearing: MONDAY, SEPTEMBER 10, 2007 5:30PM, AT PERRY AUDITORIUM, MEMORIAL REGIONAL HOSPITAL, 3501 JOHNSON STREET, HOLLYWOOD, FL 33021

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 HOLLYWOOD, Florida, this the 26TH day of JULY (Month, and Year)

PRESIDENT & CEO
Signature and Title of Chief Administrative Officer

1131 N. 35TH AVE., HOLLYWOOD, FL 33021
Address of Physical Location

3501 JOHNSON STREET
Mailing Address

PABLO PEREZ-ARIAS
Name of Contact Person

HOLLYWOOD, FLORIDA 33021

954-987-2020X5096 - FAX 954-985-2262

City State Zip

Phone # Fax #

TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
N. 06/07

SECTION I

Year: 2007

County: Broward

Principal Authority: S. Broward Hosp. Dist.

Taxing Authority: S. Broward Hosp. Dist.

Community Redevelopment Area: Davie

(1) Tax Increment Value in Current Year \$ 339,091,361 (1)
(2) Tax Increment Value in Previous Year \$ 293,050,584 (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

Florida, this the day of (Month, and Year).

SEE BACK OF FORM FOR CERTIFICATION

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) \$ 322,136,792.95 (3)b

(3)c Amount of Payment to Redevelopment Trust Fund in Previous Year \$ 370,270.00 (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) \$ 1.3300 per \$1000 (4)b

(4)c Taxes Levied on Previous Year Tax Increment Value (2) x (4)b divided by 1000 \$ 389,757 (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 HOLLYWOOD, Florida, this the 26TH day of JULY (Month, and Year).

Signature and Title of Chief Administrative Officer: PRESIDENT & CEO

Address of Physical Location: 1131 N. 35TH AVE., HOLLYWOOD, FL 33021

Mailing Address: 3501 JOHNSON STREET

Name of Contact Person: PABLO PEREZ-ARIAS

City: HOLLYWOOD, FLORIDA 33021

Phone #: 954-987-2020X5096 - FAX 954-985-2262

SEE INSTRUCTIONS ON REVERSE SIDE

TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
N. 06/07

SECTION I

Year: 2007

County: Broward

Principal Authority: S. Broward Hosp. Dist.

Taxing Authority: S. Broward Hosp. Dist.

Community Redevelopment Area: Hallandale Beach

Table with 2 rows: (1) Tax Increment Value in Current Year \$ 981,489,180 (1); (2) Tax Increment Value in Previous Year \$ 810,581,950 (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

Florida, this the day of (Month, and Year).

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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":

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

- (4a) Amount of Payment to Redevelopment Trust Fund in Previous Year \$ 134,785.00 (4)a
(4b) Prior Year Operating Millage Levy Form DR-420, line (9) \$ 1.3300 per \$1000 (4)b
(4c) Taxes Levied on Previous Year Tax Increment Value (2) x (4)b divided by 1000 \$ 1,078,074 (4)c
(4d) Previous Year Payment as Proportion of Taxes Levied on Increment Value (4)a divided by (4)c 12.50 % (4)d
(4e) Dedicated Increment Value (4)d x (1) \$ 122,709,591.29 (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 HOLLYWOOD, Florida, this the 26TH day of JULY (Month, and Year).

Signature and Title of Chief Administrative Officer: [Signature] PRESIDENT & CEO

1131 N. 35TH AVE., HOLLYWOOD, FL 33021
Address of Physical Location

3501 JOHNSON STREET
Mailing Address

PABLO PEREZ-ARIAS
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TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
N. 06/07

SECTION I

Year: 2007

County: Broward

Principal Authority: S. Broward Hosp. Dist.

Taxing Authority: S. Broward Hosp. Dist.

Community Redevelopment Area: Hollywood Beach

Table with 2 rows: (1) Tax Increment Value in Current Year \$ 1,896,088,550 (1); (2) Tax Increment Value in Previous Year \$ 1,498,321,310 (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

Florida, this the day of (Month, and Year).

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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% % (3)a

(3)b Dedicated Increment Value (3)a x (1) \$ - (3)b

(3)c Amount of Payment to Redevelopment Trust Fund in Previous Year \$ (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 \$ 300,000.00 (4)a

(4)b Prior Year Operating Millage Levy Form DR-420, line (9) \$ 1.3300 per \$1000 (4)b

(4)c Taxes Levied on Previous Year Tax Increment Value (2) x (4)b divided by 1000 \$ 1,992,767.34 (4)c

(4)d Previous Year Payment as Proportion of Taxes Levied on Increment Value (4)a divided by (4)c 15.05 % (4)d

(4)e Dedicated Increment Value (4)d x (1) \$ 285,445,547.47 (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 HOLLYWOOD, Florida, this the 26TH day of JULY (Month, and Year).

Signature and Title of Chief Administrative Officer: [Signature] PRESIDENT & CEO

Address of Physical Location: 1131 N. 35TH AVE., HOLLYWOOD, FL 33021

Mailing Address: 3501 JOHNSON STREET

Name of Contact Person: PABLO PEREZ-ARIAS

City State Zip: HOLLYWOOD, FLORIDA 33021

Phone # Fax #: 954-987-2020X5096 - FAX 954-985-2262

SEE INSTRUCTIONS ON REVERSE SIDE

TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
N. 06/07

SECTION I

Year: 2007
County: Broward
Principal Authority: S. Broward Hosp. Dist.
Taxing Authority: S. Broward Hosp. Dist.

Community Redevelopment Area: Hollywood Downtown

(1) Tax Increment Value in Current Year \$ 543,067,653 (1)
(2) Tax Increment Value in Previous Year \$ 480,490,873 (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

Florida, this the day of (Month, and Year).

SEE BACK OF FORM FOR CERTIFICATION

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":

(3a) 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 % (3a)

(3b) Dedicated Increment Value (3)a x (1) \$ 515,914,270.35 (3b)

(3c) Amount of Payment to Redevelopment Trust Fund in Previous Year \$ 607,100.22 (3c)

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

(4a) Amount of Payment to Redevelopment Trust Fund in Previous Year \$ (4a)

(4b) Prior Year Operating Millage Levy Form DR-420, line (9) \$ 1.3300 per \$1000 (4b)

(4c) Taxes Levied on Previous Year Tax Increment Value (2) x (4)b divided by 1000 \$ 639,052.86 (4c)

(4d) Previous Year Payment as Proportion of Taxes Levied on Increment Value (4)a divided by (4)c - % (4d)

(4e) Dedicated Increment Value (4)d x (1) \$ - (4e)

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 HOLLYWOOD, Florida, this the 26TH day of JULY (Month, and Year).

PRESIDENT & CEO

Signature and Title of Chief Administrative Officer

1131 N. 35TH AVE., HOLLYWOOD, FL 33021

Address of Physical Location

3501 JOHNSON STREET

Mailing Address

PABLO PEREZ-ARIAS

Name of Contact Person

HOLLYWOOD, FLORIDA 33021

City State Zip

954-987-2020X5096 - FAX 954-985-2262

Phone # Fax #

SEE INSTRUCTIONS ON REVERSE SIDE



INDEPENDENT SPECIAL DISTRICT MAXIMUM MILLAGE LEVY CALCULATION PRELIMINARY DISCLOSURE

DR-420 I-P
N. 07/2007

Year: 2007

County: BROWARD

District: SOUTH BROWARD HOSPITAL DISTRICT

(Name of Taxing Authority)

This form is to be completed by all independent special districts and county or municipal dependent districts or MSTUs, the predominant function of which is to provide emergency medical or fire rescue services.

1. Type of Taxing Authority: (Check one)

- Independent special district
- Dependent special district or MSTU where the predominant function is to provide emergency medical or fire rescue services

Name of Principal Authority: SOUTH BROWARD HOSPITAL DISTRICT

2. Has the Independent Special District levied ad valorem taxes for less than five years?

- YES: **Stop Here.** Sign below and return. Independent special district is not subject to a limitation on millage in FY2007-08.
- NO. Go to Line 3.

3. Current Year Gross Taxable Value for Operating Purposes from Form DR-420, Line 4	<u>\$53,069,667,673</u>	(3)
4. Prior Year Operating Millage Levy from Form DR-420, Line 9	<u>\$1.3300</u>	per \$1,000 (4)
5. Current Year Rolled-Back Rate: from Form DR-420, Line 15	<u>\$1.2004</u>	per \$1,000 (5)
6. Percentage of rolled-back rate allowed to be levied by a majority vote of the governing body (see instructions)		<u>97</u> % (6)
7. Current Year Proposed Operating Millage Rate from Form DR-420, Line 16 \$	<u>\$1.1643</u>	per \$1,000 (7)
8. Current Year Proposed Taxes (Multiply Line 7 by Line 3)	<u>\$61,789,014.0</u>	(8)

9. Current Year Proposed Operating Millage Rate to be adopted by: (Check one)

- Majority vote of the governing body
Maximum millage rate on Line 10 is equal to percentage on Line 6 times the rolled-back rate
- Two-thirds vote of the governing body
Maximum millage rate on Line 10 is equal to the rollded-back rate in Line 5
- Unanimous vote of the governing body (or 3/4 vote if governing body has nine or more members)
Maximum millage rate on Line 10 is equal to the prior year's operating millage rate in Line 4
- By referendum
Maximum millage rate on Line 10 as approved by referendum

You must provide a final Form DR-420 I with the final ordinance and voting record to the Department of Revenue no later than three days after the final hearing.

10. The selection on Line 9 allows a maximum operating millage rate of: \$1.1644 per \$1,000 (10)

11. Is the proposed operating millage rate on Line 7 less than or equal to the maximum operating millage rate on Line 10?

- Yes: Proposed taxes levied comply with law.
- NO: Proposed operating millage levy DOES NOT comply with the requirements of chapter 2007-321, L.O.F.**

Complete and submit this preliminary Form DR-420 I-P to the property appraiser. After you have adopted millage rates and budgets, you must give the Department of Revenue a final Form DR-420 I after the final hearing.

I certify the millages and rates shown are correct to the best of my knowledge and belief.

Pablo Perez-Arias **PRESIDENT & CEO**
Signature and Title of Chief Administrative Officer

3501 JOHNSON ST
Mailing Address

HOLLYWOOD FL 00003-3021
City State Zip

1131 N. 35TH AVE., HOLLYWOOD, FL 33021
Address of Physical Location

PABLO PEREZ-ARIAS
Name of Contact Person

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