



FOR DOR USE ONLY
 Cty: _____
 TA: _____
 Levy: _____

CERTIFICATION OF TAXABLE VALUE

DR-420
 R. 06/08
 Rule 12DER08-18
 Florida Administrative Code
 Effective 06/08

Year 2008	County Broward
Principal Authority S Broward Hospital District	Taxing Authority S Broward Hospital District

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value of real property for operating purposes	\$	48,568,068,434	(1)
2.	Current year taxable value of personal property for operating purposes	\$	2,141,187,751	(2)
3.	Current year taxable value of centrally assessed property for operating purposes	\$	10,312,672	(3)
4.	Current year gross taxable value for operating purposes (Line 1 plus Line 2 plus Line 3)	\$	50,719,568,857	(4)
5.	Current year net new taxable value (Add new construction, additions, rehabilitative improvements increasing assessed value by at least 100%, annexations, and tangible personal property value in excess of 115% of the previous year's value. Subtract deletions.)	\$	1,330,717,932	(5)
6.	Current year adjusted taxable value (Line 4 minus Line 5)	\$	49,388,850,925	(6)
7.	Prior year FINAL gross taxable value (From prior year applicable Form DR-403 series)	\$	53,004,503,441	(7)
8.	Enter number of tax increment value worksheets (DR-420TIF) attached (If none, enter 0)		<i>7/24/08</i> 4	(8)
9.	Does the taxing authority levy a voted debt service millage or a millage voted for 2 years or less under s. 9(b), Article VII, State Constitution? (If yes, complete and attach form DR-420 VMA, Voted Millage Addendum.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		(9)
10.	For information only: Current year gross taxable value for operating purposes without the impact of Amendment 1.	\$	54,209,999,594	(10)

SIGN HERE	Property Appraiser Certification		
	I certify the taxable values shown above are correct to the best of my knowledge.		
	Signature of Property Appraiser <i>Jeri Parrish</i>	Date	July 1, 2008

SECTION II: COMPLETED BY 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 NA or -0-

11.	Prior year operating millage levy		1.1643 per \$1,000	(11)
12.	Prior year ad valorem proceeds (Line 7 multiplied by Line 11)		61,713,143	(12)
13.	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 6c or Line 7a for all DR-420TIF forms)		1,422,478	(13)
14.	Adjusted prior year ad valorem proceeds (Line 12 minus Line 13)		60,290,665	(14)
15.	Dedicated increment value, if any (Sum of either Line 6b or Line 7e for all DR-420TIF forms)		1,339,682,838	(15)
16.	Adjusted current year taxable value (Line 6 minus Line 15)		48,049,168,087	(16)
17.	Current year rolled-back rate (Line 14 divided by Line 16, multiplied by 1,000)		1.2548 per \$1,000	(17)

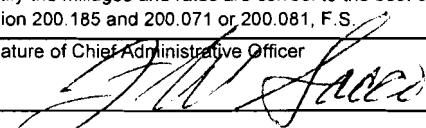
SECTION II: COMPLETED BY TAXING AUTHORITY-CONTINUED FROM PAGE 1

18.	Current year proposed operating millage rate	1.2183 per \$1,000	(18)
19.	Total taxes to be levied at proposed millage rate (Line 18 multiplied by Line 4, divided by 1,000)	61,791,651	(19)
20.	Check TYPE of principle authority (check one)	<input type="checkbox"/> County <input type="checkbox"/> Municipality <input checked="" type="checkbox"/> Independent Special District <input type="checkbox"/> Water Management District	(20)
21.	Check applicable taxing authority (check one)	<input checked="" type="checkbox"/> Principal Authority <input type="checkbox"/> MSTU <input type="checkbox"/> Dependent Special District <input type="checkbox"/> Water Management District Basin	(21)
22.	Is millage levied in more than one county? (check one)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(22)

DEPENDENT SPECIAL DISTRICTS AND MSTUs:  STOP HERE-SIGN AND SUBMIT

23.	Enter the total adjusted prior year ad valorem proceeds of the principal authority, all dependent special districts, and MSTUs levying a millage. (The sum of Line 14 from all Form DR-420 forms)	60,290,665	(23)
24.	Current year aggregate rolled-back rate (Line 23 divided by Line 16, multiplied by 1,000)	1.2548 per \$1,000	(24)
25.	Current year aggregate rolled-back taxes (Line 4 multiplied by Line 24, divided by 1,000)	63,642,915	(25)
26.	Enter total of all operating ad valorem taxes proposed to be levied by the principal taxing authority, all dependent districts, and MSTUs, if any. (Total of Line 19 from all DR-420 forms)	61,791,651	(26)
27.	Current year proposed aggregate millage rate (Line 26 divided by Line 4, multiplied by 1,000)	1.2183 per \$1,000	(27)
28.	Current year proposed rate as a percent change of rolled-back rate (Line 27 divided by Line 24, minus 1, multiplied by 100.)	-2.9 %	(28)

First public budget hearing	Date: WEDNESDAY SEPT. 10, 2008	Time: 5:30pm	Place: PERRY AUDITORIUM MEMORIAL REGIONAL HOSPITAL 3501 JOHNSON STREET, HOLLYWOOD, FL 33021
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SIGN HERE	Taxing Authority Certification		
	I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of Section 200.185 and 200.071 or 200.081, F.S.		
	Signature of Chief Administrative Officer 		Date 7/24/2008
	Title 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, FL 33021	Phone # 954-265-5096	Fax # 954-985-2262	



MAXIMUM MILLAGE LEVY CALCULATION

OK

DR-420MM-P
N. 06/08

Rule 12DER08-18

Florida Administrative Code
Effective 06/08

PRELIMINARY DISCLOSURE

For municipal governments, counties, and special districts

Year	2008			County	BROWARD		
Principal Authority	SOUTH BROWARD HOSPITAL DISTRICT			Taxing Authority	SOUTH BROWARD HOSPITAL DISTRICT		
1.	Is your taxing authority a municipality or independent special district that has levied ad valorem taxes for less than 5 years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				(1)
	If Yes, STOP HERE. Sign on page 2 and submit. You are not subject to a millage limit in FY2008-09.						
2.	Current year gross taxable value from Form DR-420, Line 4	\$	50,719,568,857				(2)
3.	Current year rolled-back rate from Form DR-420, Line 17	\$	1.2548	per \$1,000			(3)
Does prior year millage exceed majority-vote rate?							
4.	Is your taxing authority a municipality or independent special district that had levied ad valorem taxes for less than 5 years in 2007 and was not subject to a millage limit in FY2007-2008?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				(4)
	If yes, go to line 16. If no, continue to line 5.						
5.	In 2007, was your taxing authority part of a group of a principal authority and its dependent special districts and MSTUs which levied taxes within the majority vote rate, but had at least one member adopt a higher rate?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				(5)
	If yes, go to line 16. If no, continue to line 6.						
6.	Prior year operating millage levy from Form DR-420, Line 11	\$	1.1643	per \$1,000			(6)
7.	Prior year rolled-back rate from 2007 Form DR-420, Line 15	\$	1.2004	per \$1,000			(7)
8.	Prior year percentage of rolled-back rate allowed to be levied by a majority vote from 2007 Form DR-420 C, Line 5; Form DR-420 M, Line 6; or Form DR-420 I, Line 6		97	%			(8)
9.	Prior year maximum millage with a majority vote (Line 7 multiplied by the percentage in Line 8) (Example: 5.3927 x 95% = 5.1231)	\$	1.1644	per \$1,000			(9)

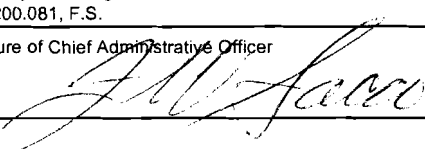
IF LINE 9 IS EQUAL TO OR GREATER THAN LINE 6, GO TO LINE 16. IF NOT, CONTINUE TO LINE 10.

Recalculate rolled-back rate based on prior year majority-vote millage rate							
10.	Prior year final gross taxable value from Form DR-420, Line 7	\$					(10)
11.	Prior year ad valorem proceeds with majority vote (multiply Line 9 by Line 10 and divide by 1,000)	\$					(11)
12.	Amount, if any, paid or applied in prior year because of an obligation measured by a dedicated increment value from Form DR-420, Line 13	\$					(12)
13.	Adjusted prior year ad valorem proceeds with majority vote (Line 11 minus Line 12)	\$					(13)
14.	Adjusted current year taxable value from Form DR-420, Line 16	\$					(14)
15.	Adjusted current year rolled-back rate (Line 13 divided by Line 14, multiplied by 1,000)	\$		per \$1,000			(15)

Calculate maximum millage levy for 2008							
16.	Rolled-back rate to be used for maximum millage levy calculation (Enter Line 15 if calculated, or Line 3 if Line 15 is not calculated)	\$	1.2548	per \$1,000			(16)
17.	Adjustment for growth in per capita Florida personal income		1.0415				(17)
18.	Rolled-back rate adjusted for change in per capita Florida personal income (Line 16 multiplied by Line 17)	\$	1.3069	per \$1,000			(18)
19.	Estimated current year gross taxable value for operating purposes without the impact of Amendment 1 from Form DR-420, Line 10	\$	54,209,999,594				(19)
20.	Current year adjustments to taxable value from Form DR-420 (Line 5, DR-420 plus Line 15, Form DR-420)	\$	2,670,400,770				(20)

21.	Estimated current year adjusted taxable value without Amendment 1 impacts (Line 19 minus Line 20).	\$	51,539,598,824	(21)
22.	Adjusted current year taxable value from Form DR-420, Line 16	\$	48,049,168,087	(22)
23.	Percentage adjustment to majority vote rolled-back rate for impact of Amendment 1 (Line 22 divided by Line 21, multiplied by 100)		93.23 %	(23)
24.	Majority vote maximum millage rate allowed (Line 18 multiplied by the percentage on Line 23. Example: 4.6718 x 93.12% = 4.3504)	\$	1.2184 per \$1,000	(24)
25.	Two-thirds vote maximum millage rate allowed (multiply Line 18 by 1.10)	\$	1.4376 per \$1,000	(25)
26.	Current year proposed millage rate: must equal rate entered on Form DR-420, Line 18	\$	1.2183 per \$1,000	(26)
27.	Current year proposed taxes (multiply Line 26 by Line 2, divided by 1,000)	\$	61,791,651	(27)
28. Minimum vote required to levy proposed millage: (Check one)				(28)
<input checked="" type="checkbox"/> a. Majority vote of the governing body: Enter millage rate from Line 24 on Line 29. <input type="checkbox"/> b. Two-thirds vote of governing body: Enter millage rate from Line 26 on Line 29. <input type="checkbox"/> c. Unanimous vote of the governing body or 3/4 vote if nine members or more: Enter millage rate from Line 26 on Line 29. <input type="checkbox"/> d. Referendum: Enter millage rate from Line 26 on Line 29.				
29.	The selection on Line 28 allows a maximum millage rate of: (Enter rate indicated by choice on Line 28)	\$	1.2184 per \$1,000	(29)
30.	Total taxes levied at the maximum millage rate: (Line 29 multiplied by Line 2, divided by 1,000)	\$	61,796,723	(30)
DEPENDENT SPECIAL DISTRICTS AND MSTUs: STOP HERE - SIGN AND SUBMIT				
Total Current Year Taxes Levied				
31.	Enter the current year proposed taxes of all dependent special districts & MSTUs levying a millage (The sum of all Lines 27 from each district's Form DR-420 MM-P)	\$	0	(31)
32.	Total current year proposed taxes (Line 27 plus Line 31)	\$	61,791,651	(32)
Total Maximum Taxes				
33.	Enter the taxes at the maximum millage of all dependent special districts & MSTUs levying a millage (The sum of all Lines 30 from each district's Form DR-420 MM-P)	\$	0	(33)
34.	Total taxes at maximum millage (Line 30 plus line 33)	\$	61,796,723	(34)
Total Maximum Versus Total Taxes Levied				
35.	Are total current year proposed taxes on Line 32 equal to or less than total taxes at proposed maximum millage on Line 34? (Check one)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		(35)

Complete and submit this Form DR-420MM-P, Maximum Millage Levy Calculation - Preliminary Disclosure, to your county property appraiser with Form DR-420, Certification of Compliance.

SIGN HERE	Taxing Authority Certification		
	I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of Section 200.185 and 200.071 or 200.081, F.S.		
	Signature of Chief Administrative Officer 		Date 7/24/2008
	Title PRESIDENT & CEO		Physical Address 1131 N. 35TH AVE., HOLLYWOOD, FL 33021
	Mailing Address 3501 JOHNSON ST.		Name of Contact Person PABLO PEREZ-ARIAS
	City, State, Zip HOLLYWOOD, FL 33021		Phone # 954-265-5096
		Fax # 954-985-2262	

SEE INSTRUCTIONS ON PAGE 3



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF

R. 06/08

Rule 12DER08-18
Florida Administrative Code
Effective 06/08

Year 2008	County Broward
Principal Authority South Broward Hospital District	South Broward Hospital District
Community Redevelopment Area: Davie CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$477,072,154	(1)
2.	Base year taxable value in the tax increment area	\$140,392,169	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$336,679,985	(3)
4.	Prior year taxable value	\$479,511,290	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$339,119,121	(5)

SIGN HERE	Property Appraiser Certification		
	I certify the taxable values shown above are correct to the best of my knowledge.		
	Signature of Property Appraiser 		Date July 1, 2008

SECTION II: To be completed by taxing authority. Please complete either Line 6 or Line 7, as applicable. Do NOT complete both.

6.	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:		
6a.	Enter the proportion on which the payment is based.	95.0 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)	319,845,986	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year.	375,095	(6c)
7.	If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:		
7a.	Amount of payment to redevelopment trust fund in prior year		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 11)		per 1,000 (7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)		(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c)		% (7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3)		(7e)

SIGN HERE	Taxing Authority Certification		
	I certify the calculations, millages, and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer 		Date 7/24/2008
	Title PRESIDENT & CEO	Address of Physical Location 1131 N. 35th AVENUE, HOLLYWOOD, FL 33021	
	Mailing Address 3501 JOHNSON ST.	Name of Contact Person PABLO PEREZ ARIAS	
	City, State, ZIP HOLLYWOOD, FL 33021	Phone # 954-265-5096	Fax # 954-985-2262



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
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Effective 06/08

Year 2008	County Broward
Principal Authority City of Hallandale Beach	Taxing Authority South Broward Hospital District
Community Redevelopment Area: Hallandale CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$1,354,109,295	(1)
2.	Base year taxable value in the tax increment area	\$377,757,750	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$976,351,545	(3)
4.	Prior year taxable value	\$1,387,266,590	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$1,009,508,840	(5)

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	Signature of Property Appraiser 	Date	July 1, 2008

SECTION II: To be completed by taxing authority. Please complete either Line 6 or Line 7, as applicable. Do NOT complete both.

6.	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:		
6a.	Enter the proportion on which the payment is based.	%	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)		(6b)
6c.	Amount of payment to redevelopment trust fund in prior year.		(6c)
7.	If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:		
7a.	Amount of payment to redevelopment trust fund in prior year	150,913	(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 11)	1.1643	per 1,000 (7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	1,175,371	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c)	12.84	% (7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3)	125,363,538	(7e)

SIGN HERE	Taxing Authority Certification		
	I certify the calculations, millages, and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer 	Date	7/24/2008
	Title PRESIDENT & CEO	Address of Physical Location 1131 N. 35TH., HOLLYWOOD, FL 33021	
	Mailing Address 3501 JOHNSON ST.	Name of Contact Person PABLO PEREZ-ARIAS	
	City, State, ZIP HOLLYWOOD, FL 33021	Phone # 954-265-5096	Fax # 954-985-2262



TAX INCREMENT ADJUSTMENT WORKSHEET

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Year 2008	County Broward
Principal Authority South Broward Hospital District	South Broward Hospital District
Community Redevelopment Area: Hollywood Beach CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$2,332,611,430	(1)
2.	Base year taxable value in the tax increment area	\$545,881,010	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$1,786,730,420	(3)
4.	Prior year taxable value	\$2,443,332,650	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$1,897,451,640	(5)

SIGN HERE	Property Appraiser Certification		
	I certify the taxable values shown above are correct to the best of my knowledge.		
	Signature of Property Appraiser <i>[Signature]</i>		Date July 1, 2008

SECTION II: To be completed by taxing authority. Please complete either Line 6 or Line 7, as applicable. Do NOT complete both.

6.	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:		
6a.	Enter the proportion on which the payment is based.		% (6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)		(6b)
6c.	Amount of payment to redevelopment trust fund in prior year.		(6c)
7.	If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:		
7a.	Amount of payment to redevelopment trust fund in prior year	300,000	(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 11)	1.1643	per 1,000 (7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	2,209,203	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c)	13.58	% (7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3)	242,637,991	(7e)

SIGN HERE	Taxing Authority Certification		
	I certify the calculations, millages, and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer <i>[Signature]</i>		Date 7/24/2008
	Title PRESIDENT & CEO	Address of Physical Location 1131 N. 35TH AVE., HOLLYWOOD, FL 33021	
	Mailing Address 3501 JOHNSON ST.	Name of Contact Person PABLO PEREZ-ARIAS	
	City, State, ZIP HOLLYWOOD, FL 33021	Phone # 954-265-5096	Fax # 954-985-2262



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Year 2008	County Broward
Principal Authority South Broward Hospital District	South Broward Hospital District
Community Redevelopment Area: Hollywood Downtown CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$789,309,872	(1)
2.	Base year taxable value in the tax increment area	\$103,167,427	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$686,142,445	(3)
4.	Prior year taxable value	\$642,429,570	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$539,262,143	(5)

SIGN HERE	Property Appraiser Certification	
	I certify the taxable values shown above are correct to the best of my knowledge.	
	Signature of Property Appraiser <i>[Signature]</i>	Date July 1, 2008

SECTION II: To be completed by taxing authority. Please complete either Line 6 or Line 7, as applicable. Do NOT complete both.

6.	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:		
6a.	Enter the proportion on which the payment is based.	95.0 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)	651,835,323	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year.	596,470	(6c)
7.	If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:		
7a.	Amount of payment to redevelopment trust fund in prior year		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 11)		per 1,000 (7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)		(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c)		% (7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3)		(7e)

SIGN HERE	Taxing Authority Certification		
	I certify the calculations, millages, and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer <i>[Signature]</i>		Date 7/24/2008
	Title PRESIDENT & CEO	Address of Physical Location 1131 N. 35TH AVE., HOLLYWOOD, FL 33021	
	Mailing Address 3501 JOHNSON ST.	Name of Contact Person PABLO PEREZ-ARIAS	
	City, State, ZIP HOLLYWOOD, FL 33021	Phone # 954-265-5096	Fax # 954-985-2262