



CERTIFICATION OF TAXABLE VALUE

DR-420
R. 5/12
Rule 12D-16.002
Florida Administrative Code
Provisional

Year : 2012	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value of real property for operating purposes	\$	84,109,350,990	(1)
2.	Current year taxable value of personal property for operating purposes	\$	4,311,113,352	(2)
3.	Current year taxable value of centrally assessed property for operating purposes	\$	31,627,926	(3)
4.	Current year gross taxable value for operating purposes <i>(Line 1 plus Line 2 plus Line 3)</i>	\$	88,452,092,268	(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 over 115% of the previous year's value. Subtract deletions.)	\$	382,145,944	(5)
6.	Current year adjusted taxable value <i>(Line 4 minus Line 5)</i>	\$	88,069,946,324	(6)
7.	Prior year FINAL gross taxable value from prior year applicable Form DR-403 series	\$	87,224,246,739	(7)
8.	Does the taxing authority include tax increment financing areas? If yes, enter number of worksheets (DR-420TIF) attached. If none, enter 0	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Number 10
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, enter the number of DR-420DEBT, <i>Certification of Voted Debt Millage</i> forms attached. If none, enter 0	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Number 0
Property Appraiser Certification		I certify the taxable values above are correct to the best of my knowledge.		
SIGN HERE	Signature of Property Appraiser :	Date :		
	Electronically Certified by Property Appraiser on 6/29/2012 11:36 AM			

SECTION II : COMPLETED BY TAXING AUTHORITY

If this portion of the form is not completed in FULL your taxing authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is not applicable, enter -0-.				
10.	Prior year operating millage levy <i>(If prior year millage was adjusted then use adjusted millage from Form DR-422)</i>		1.8750 per \$1,000	(10)
11.	Prior year ad valorem proceeds <i>(Line 7 multiplied by Line 10, divided by 1,000)</i>	\$	163,545,463	(11)
12.	Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value <i>(Sum of either Lines 6c or Line 7a for all DR-420TIF forms)</i>	\$	4,154,509	(12)
13.	Adjusted prior year ad valorem proceeds <i>(Line 11 minus Line 12)</i>	\$	159,390,954	(13)
14.	Dedicated increment value, if any <i>(Sum of either Line 6b or Line 7e for all DR-420TIF forms)</i>	\$	2,207,456,179	(14)
15.	Adjusted current year taxable value <i>(Line 6 minus Line 14)</i>	\$	85,862,490,145	(15)
16.	Current year rolled-back rate <i>(Line 13 divided by Line 15, multiplied by 1,000)</i>		1.8564 per \$1000	(16)
17.	Current year proposed operating millage rate		1.8750 per \$1000	(17)
18.	Total taxes to be levied at proposed millage rate <i>(Line 17 multiplied by Line 4, divided by 1,000)</i>	\$	165,847,673	(18)

19.	TYPE of principal authority (check one)	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Independent Special District	(19)
		<input type="checkbox"/> Municipality	<input type="checkbox"/> Water Management District	
20.	Applicable taxing authority (check one)	<input checked="" type="checkbox"/> Principal Authority	<input type="checkbox"/> Dependent Special District	(20)
		<input type="checkbox"/> MSTU	<input type="checkbox"/> Water Management District Basin	
21.	Is millage levied in more than one county? (check one)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(21)

DEPENDENT SPECIAL DISTRICTS AND MSTUs		STOP HERE - SIGN AND SUBMIT
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22.	Enter the total adjusted prior year ad valorem proceeds of the principal authority, all dependent special districts, and MSTUs levying a millage. <i>(The sum of Line 13 from all DR-420 forms)</i>	\$	159,390,954	(22)
23.	Current year aggregate rolled-back rate <i>(Line 22 divided by Line 15, multiplied by 1,000)</i>		1.8564 per \$1,000	(23)
24.	Current year aggregate rolled-back taxes <i>(Line 4 multiplied by Line 23, divided by 1,000)</i>	\$	164,202,464	(24)
25.	Enter total of all operating ad valorem taxes proposed to be levied by the principal taxing authority, all dependent districts, and MSTUs, if any. <i>(The sum of Line 18 from all DR-420 forms)</i>	\$	165,847,673	(25)
26.	Current year proposed aggregate millage rate <i>(Line 25 divided by Line 4, multiplied by 1,000)</i>		1.8750 per \$1,000	(26)
27.	Current year proposed rate as a percent change of rolled-back rate <i>(Line 26 divided by Line 23, minus 1, multiplied by 100)</i>		1.00 %	(27)

First public budget hearing	Date : 9/12/2012	Time : 5:30 PM	Place : Broward Health Medical Center 1600 South Andrews Ave. Fort lauderdale, FL
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S I G N H E R E	Taxing Authority Certification		I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of s. 200.065 and the provisions of either s. 200.071 or s. 200.081, F.S.		
	Signature of Chief Administrative Officer :			Date :	
	Electronically Certified by Taxing Authority on 8/1/2012 8:48 AM				
	Title :		Contact Name and Contact Title :		
	ROBERT K. MARTIN, SR. VP/CFO		KATHERINE CAMERON, FINANCIAL SERVICES		
	Mailing Address :		Physical Address :		
303 SOUTHEAST 17TH STREET		303 SOUTHEAST 17TH STREET			
City, State, Zip :		Phone Number :		Fax Number :	
FT LAUDERDALE, FLORIDA 33316		954/355-5064		954/355-4966	



TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Coral Springs	Base Year : 2002

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	97,974,790	(1)
2.	Base year taxable value in the tax increment area	\$	66,321,640	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	31,653,150	(3)
4.	Prior year Final taxable value in the tax increment area	\$	104,468,940	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	38,147,300	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser : Electronically Certified by Property Appraiser on 6/29/2012 11:36 AM	Date :		

SECTION II: COMPLETED BY TAXING AUTHORITY 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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> If value is zero or less than zero, then enter zero on Line 6b	\$	30,070,493	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	62,391	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer : Electronically Certified By Taxing Authority On 8/1/2012 8:48 AM	Date :		
	Title : ROBERT K. MARTIN, SR. VP/CFO	Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES		
	Mailing Address : 303 SOUTHEAST 17TH STREET	Physical Address : 303 SOUTHEAST 17TH STREET		
	City, State, Zip : FT LAUDERDALE, FLORIDA 33316	Phone Number : 954/355-5064	Fax Number : 954/355-4966	



TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Davie	Base Year : 1988

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	44,574,710	(1)
2.	Base year taxable value in the tax increment area	\$	15,487,800	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	29,086,910	(3)
4.	Prior year Final taxable value in the tax increment area	\$	43,515,320	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	28,027,520	(5)

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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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> If value is zero or less than zero, then enter zero on Line 6b	\$	27,632,565	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	46,992	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Deerfield Beach	Base Year : 1999

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	293,058,370	(1)
2.	Base year taxable value in the tax increment area	\$	110,827,830	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	182,230,540	(3)
4.	Prior year Final taxable value in the tax increment area	\$	291,488,950	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	180,661,120	(5)

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SECTION II: COMPLETED BY TAXING AUTHORITY 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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> If value is zero or less than zero, then enter zero on Line 6b	\$	173,119,013	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	321,803	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Fort Lauderdale	Base Year : 1989

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	668,475,230	(1)
2.	Base year taxable value in the tax increment area	\$	118,537,320	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	549,937,910	(3)
4.	Prior year Final taxable value in the tax increment area	\$	661,369,990	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	542,832,670	(5)

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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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> If value is zero or less than zero, then enter zero on Line 6b	\$	522,441,015	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	966,921	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Lauderdale Lakes	Base Year : 2000

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	210,916,790	(1)
2.	Base year taxable value in the tax increment area	\$	127,159,990	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	83,756,800	(3)
4.	Prior year Final taxable value in the tax increment area	\$	210,696,760	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	83,536,770	(5)

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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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> If value is zero or less than zero, then enter zero on Line 6b	\$	79,568,960	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	158,215	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Margate	Base Year : 1997

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	606,724,000	(1)
2.	Base year taxable value in the tax increment area	\$	306,827,250	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	299,896,750	(3)
4.	Prior year Final taxable value in the tax increment area	\$	609,269,060	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	302,441,810	(5)

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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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> If value is zero or less than zero, then enter zero on Line 6b	\$	284,901,913	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	538,724	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Plantation	Base Year : 2000

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	206,785,500	(1)
2.	Base year taxable value in the tax increment area	\$	127,670,650	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	79,114,850	(3)
4.	Prior year Final taxable value in the tax increment area	\$	209,851,720	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	82,181,070	(5)

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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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> If value is zero or less than zero, then enter zero on Line 6b	\$	75,159,108	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	146,385	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
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	Title : ROBERT K. MARTIN, SR. VP/CFO	Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES		
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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Pompano Beach East	Base Year : 2001

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	298,944,890	(1)
2.	Base year taxable value in the tax increment area	\$	136,427,940	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	162,516,950	(3)
4.	Prior year Final taxable value in the tax increment area	\$	295,592,770	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	159,164,830	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser : Electronically Certified by Property Appraiser on 6/29/2012 11:36 AM	Date :		

SECTION II: COMPLETED BY TAXING AUTHORITY 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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> If value is zero or less than zero, then enter zero on Line 6b	\$	154,391,103	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	282,119	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer : Electronically Certified By Taxing Authority On 8/1/2012 8:48 AM	Date :		
	Title : ROBERT K. MARTIN, SR. VP/CFO	Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES		
	Mailing Address : 303 SOUTHEAST 17TH STREET	Physical Address : 303 SOUTHEAST 17TH STREET		
	City, State, Zip : FT LAUDERDALE, FLORIDA 33316	Phone Number : 954/355-5064	Fax Number : 954/355-4966	



TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Pompano Beach West	Base Year : 1989

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	750,780,310	(1)
2.	Base year taxable value in the tax increment area	\$	297,388,021	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	453,392,289	(3)
4.	Prior year Final taxable value in the tax increment area	\$	780,004,050	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	482,616,029	(5)

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	Signature of Property Appraiser : Electronically Certified by Property Appraiser on 6/29/2012 11:36 AM	Date :		

SECTION II: COMPLETED BY TAXING AUTHORITY 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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> If value is zero or less than zero, then enter zero on Line 6b	\$	430,722,675	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	854,347	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer : Electronically Certified By Taxing Authority On 8/1/2012 8:48 AM	Date :		
	Title : ROBERT K. MARTIN, SR. VP/CFO	Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES		
	Mailing Address : 303 SOUTHEAST 17TH STREET	Physical Address : 303 SOUTHEAST 17TH STREET		
	City, State, Zip : FT LAUDERDALE, FLORIDA 33316	Phone Number : 954/355-5064	Fax Number : 954/355-4966	



TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Progresso	Base Year : 1995

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	660,312,580	(1)
2.	Base year taxable value in the tax increment area	\$	208,260,650	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	452,051,930	(3)
4.	Prior year Final taxable value in the tax increment area	\$	644,253,380	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	435,992,730	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser : Electronically Certified by Property Appraiser on 6/29/2012 11:36 AM	Date :		

SECTION II: COMPLETED BY TAXING AUTHORITY 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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> If value is zero or less than zero, then enter zero on Line 6b	\$	429,449,334	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	776,612	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer : Electronically Certified By Taxing Authority On 8/1/2012 8:48 AM	Date :		
	Title : ROBERT K. MARTIN, SR. VP/CFO	Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES		
	Mailing Address : 303 SOUTHEAST 17TH STREET	Physical Address : 303 SOUTHEAST 17TH STREET		
	City, State, Zip : FT LAUDERDALE, FLORIDA 33316	Phone Number : 954/355-5064	Fax Number : 954/355-4966	




MAXIMUM MILLAGE LEVY CALCULATION PRELIMINARY DISCLOSURE

For municipal governments, counties, and special districts

DR-420MM-P
R. 5/12
Rule 12D-16.002
Florida Administrative Code
Provisional

Year : 2012	County : BROWARD		
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST		
1. Is your taxing authority a municipality or independent special district that has levied ad valorem taxes for less than 5 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(1)
IF YES, STOP HERE. SIGN AND SUBMIT. You are not subject to a millage limitation.			
2. Current year rolled-back rate from Current Year Form DR-420, Line 16	1.8564	per \$1,000	(2)
3. Prior year maximum millage rate with a majority vote from 2011 Form DR-420MM, Line 13	2.3100	per \$1,000	(3)
4. Prior year operating millage rate from Current Year Form DR-420, Line 10	1.8750	per \$1,000	(4)
If Line 4 is equal to or greater than Line 3, skip to Line 11. If less, continue to Line 5.			
Adjust rolled-back rate based on prior year majority-vote maximum millage rate			
5. Prior year final gross taxable value from Current Year Form DR-420, Line 7	\$	87,224,246,739	(5)
6. Prior year maximum ad valorem proceeds with majority vote <i>(Line 3 multiplied by Line 5 divided by 1,000)</i>	\$	201,488,010	(6)
7. Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value from Current Year Form DR-420 Line 12	\$	4,154,509	(7)
8. Adjusted prior year ad valorem proceeds with majority vote <i>(Line 6 minus Line 7)</i>	\$	197,333,501	(8)
9. Adjusted current year taxable value from Current Year form DR-420 Line 15	\$	85,862,490,145	(9)
10. Adjusted current year rolled-back rate <i>(Line 8 divided by Line 9, multiplied by 1,000)</i>	2.2983	per \$1,000	(10)
Calculate maximum millage levy			
11. Rolled-back rate to be used for maximum millage levy calculation <i>(Enter Line 10 if adjusted or else enter Line 2)</i>	2.2983	per \$1,000	(11)
12. Change in per capita Florida personal income <i>(See Line 12 Instructions)</i>	1.0447		(12)
13. Majority vote maximum millage rate allowed <i>(Line 11 multiplied by Line 12)</i>	2.4010	per \$1,000	(13)
14. Two-thirds vote maximum millage rate allowed <i>(Multiply Line 13 by 1.10)</i>	2.6411	per \$1,000	(14)
15. Current year proposed millage rate	1.8750	per \$1,000	(15)
16. Minimum vote required to levy proposed millage: (Check one)			
<input checked="" type="checkbox"/> a. Majority vote of the governing body: Check here, if Line 15 is less than or equal to Line 13. The maximum millage rate is equal to the majority vote maximum rate. <i>Enter Line 13 on Line 17.</i>			
<input type="checkbox"/> b. Two-thirds vote of governing body: Check here if Line 15 is less than or equal to Line 14, but greater than Line 13. The maximum millage rate is equal to proposed rate. <i>Enter Line 15 on Line 17.</i>			
<input type="checkbox"/> c. Unanimous vote of the governing body, or 3/4 vote if nine members or more: Check here if Line 15 is greater than Line 14. The maximum millage rate is equal to the proposed rate. <i>Enter Line 15 on Line 17.</i>			
<input type="checkbox"/> d. Referendum: The maximum millage rate is equal to the proposed rate. <i>Enter Line 15 on Line 17.</i>			
17. The selection on Line 16 allows a maximum millage rate of <i>(Enter rate indicated by choice on Line 16)</i>	2.4010	per \$1,000	(17)
18. Current year gross taxable value from Current Year Form DR-420, Line 4	\$	88,452,092,268	(18)

Taxing Authority : NORTH BROWARD HOSPITAL DIST		DR-420MM-P R. 5/12 Page 2		
19.	Current year proposed taxes <i>(Line 15 multiplied by Line 18, divided by 1,000)</i>	\$ 165,847,673	(19)	
20.	Total taxes levied at the maximum millage rate <i>(Line 17 multiplied by Line 18, divided by 1,000)</i>	\$ 212,373,474	(20)	
DEPENDENT SPECIAL DISTRICTS AND MSTUs		 STOP HERE. SIGN AND SUBMIT.		
21.	Enter the current year proposed taxes of all dependent special districts & MSTUs levying a millage. <i>(The sum of all Lines 19 from each district's Form DR-420MM)</i>	\$ 0	(21)	
22.	Total current year proposed taxes <i>(Line 19 plus Line 21)</i>	\$ 165,847,673	(22)	
Total Maximum Taxes				
23.	Enter the taxes at the maximum millage of all dependent special districts & MSTUs levying a millage <i>(The sum of all Lines 20 from each district's Form DR-420MM)</i>	\$ 0	(23)	
24.	Total taxes at maximum millage rate <i>(Line 20 plus line 23)</i>	\$ 212,373,474	(24)	
Total Maximum Versus Total Taxes Levied				
25.	Are total current year proposed taxes on Line 22 equal to or less than total taxes at the maximum millage rate on Line 24? (Check one)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(25)	
S I G N H E R E	Taxing Authority Certification	I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of s. 200.065 and the provisions of either s. 200.071 or s. 200.081, F.S.		
	Signature of Chief Administrative Officer :		Date :	
	Electronically Certified by Taxing Authority on 8/1/2012 8:48 AM			
	Title :	Contact Name and Contact Title :		
	ROBERT K. MARTIN, SR. VP/CFO	KATHERINE CAMERON, FINANCIAL SERVICES		
	Mailing Address :	Physical Address :		
303 SOUTHEAST 17TH STREET	303 SOUTHEAST 17TH STREET			
City, State, Zip :	Phone Number :	Fax Number :		
FT LAUDERDALE, FLORIDA 33316	954/355-5064	954/355-4966		

Complete and submit this form DR-420MM-P, Maximum Millage Levy Calculation-Preliminary Disclosure, to your property appraiser with the form DR-420, Certification of Taxable Value.

**MAXIMUM MILLAGE LEVY CALCULATION
PRELIMINARY DISCLOSURE
INSTRUCTIONS**

General Instructions

Each of the following taxing authorities must complete a DR-420MM-P.

- County
- Municipality
- Special district dependent to a county or municipality
- County MSTU
- Independent special district, including water management districts
- Water management district basin

Voting requirements for millages adopted by a two-thirds or a unanimous vote are based on the full membership of the governing body, not on the number of members present at the time of the vote.

This form calculates the maximum tax levy for 2012 allowed under s. 200.065(5), F.S. Counties and municipalities, including dependent special districts and MSTUs, which adopt a tax levy at the final hearing higher than allowed under s. 200.065, F.S., may be subject to the loss of their half-cent sales tax distribution.

DR-420MM-P shows the maximum millages and taxes levied based on your adoption vote. Each taxing authority must complete, sign, and submit this form to the Department of Revenue.

Line Instructions

Lines 5-10

Only taxing authorities that levied a 2010 millage rate less than their maximum majority vote rate must complete these lines. The adjusted rolled-back rate on Line 10 is the rate that would have been levied if the maximum vote rate for 2011 had been adopted. If these lines are completed, enter the adjusted rate on Line 11.

Line 12

This line is entered by the Department of Revenue. The same adjustment factor is used statewide by all taxing authorities. It is based on the change in per capita Florida personal income (s. 200.001(8)(i), F.S.), which Florida Law requires the Office of Economic and Demographic Research to report each year.

Lines 13 and 14

Millage rates are the maximum that could be levied with a majority or two-thirds vote of the full membership of the governing body. With a unanimous vote of the full membership (three-fourths vote of the full membership if the governing body has nine or more members) or a referendum, the maximum millage rate that can be levied is the taxing authority's statutory or constitutional cap.

Line 16

Check the box for the minimum vote necessary at the final hearing to levy your adopted millage rate.

Line 17

Enter the millage rate indicated by the box checked in Line 16. If the adopted millage rate is equal to or below the majority vote maximum millage rate, enter the majority vote maximum. If a two-thirds vote, a unanimous vote, or a referendum is required, enter the adopted millage rate. For a millage requiring more than a majority vote, the adopted millage rate must be entered on Line 17, rather than the maximum rate, so that the comparisons on Lines 21 through 25 are accurate.