



# CERTIFICATION OF TAXABLE VALUE

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

Year : 2012	County : BROWARD
Principal Authority : SOUTH BROWARD HOSPITAL DISTRICT	Taxing Authority : SOUTH BROWARD HOSPITAL DISTRICT

## SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value of real property for operating purposes	\$	37,078,942,480	(1)
2.	Current year taxable value of personal property for operating purposes	\$	2,091,728,882	(2)
3.	Current year taxable value of centrally assessed property for operating purposes	\$	8,625,483	(3)
4.	Current year gross taxable value for operating purposes <i>(Line 1 plus Line 2 plus Line 3)</i>	\$	39,179,296,845	(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.)	\$	235,515,780	(5)
6.	Current year adjusted taxable value <i>(Line 4 minus Line 5)</i>	\$	38,943,781,065	(6)
7.	Prior year FINAL gross taxable value from prior year applicable Form DR-403 series	\$	38,576,569,978	(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 4
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

<b>Property Appraiser Certification</b>	I certify the taxable values above are correct to the best of my knowledge.		
<b>SIGN HERE</b>	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>	0.7500	per \$1,000	(10)
11.	Prior year ad valorem proceeds <i>(Line 7 multiplied by Line 10, divided by 1,000)</i>	\$	28,932,427	(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>	\$	918,738	(12)
13.	Adjusted prior year ad valorem proceeds <i>(Line 11 minus Line 12)</i>	\$	28,013,689	(13)
14.	Dedicated increment value, if any <i>(Sum of either Line 6b or Line 7e for all DR-420TIF forms)</i>	\$	1,192,680,736	(14)
15.	Adjusted current year taxable value <i>(Line 6 minus Line 14)</i>	\$	37,751,100,329	(15)
16.	Current year rolled-back rate <i>(Line 13 divided by Line 15, multiplied by 1,000)</i>	0.7421	per \$1000	(16)
17.	Current year proposed operating millage rate	0.6000	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>	\$	23,507,578	(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)

<b>DEPENDENT SPECIAL DISTRICTS AND MSTUs</b>		<b>STOP HERE - SIGN AND SUBMIT</b>
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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>	\$	28,013,689	(22)
23.	Current year aggregate rolled-back rate <i>(Line 22 divided by Line 15, multiplied by 1,000)</i>		0.7421 per \$1,000	(23)
24.	Current year aggregate rolled-back taxes <i>(Line 4 multiplied by Line 23, divided by 1,000)</i>	\$	29,074,956	(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>	\$	23,507,578	(25)
26.	Current year proposed aggregate millage rate <i>(Line 25 divided by Line 4, multiplied by 1,000)</i>		0.6000 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>		-19.15 %	(27)

<b>First public budget hearing</b>	Date : 9/12/2012	Time : 5:30 PM	Place : Perry Auditorium at Memorial Regional Hospital; 3501 Johnson Street, Hollywood, FL 33021
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<b>S I G N  H E R E</b>	<b>Taxing Authority Certification</b>		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 7/26/2012 3:15 PM				
	Title : FRANK V. SACCO, PRESIDENT & CEO		Contact Name and Contact Title : JOSE R. FERNANDEZ, DIRECTOR, FINANCIAL PLANNING & BUDGET		
	Mailing Address : 3501 JOHNSON STREET		Physical Address : 1131 NORTH 35TH AVENUE		
City, State, Zip : HOLLYWOOD, FLORIDA 33021		Phone Number : 954/265-6014		Fax Number : 954/985-2262	




# 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 : 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(1)
<p><b>IF YES,</b> <b>STOP HERE. SIGN AND SUBMIT. You are not subject to a millage limitation.</b></p>			
2. Current year rolled-back rate from Current Year Form DR-420, Line 16	0.7421	per \$1,000	(2)
3. Prior year maximum millage rate with a majority vote from 2011 Form DR-420MM, Line 13	1.6379	per \$1,000	(3)
4. Prior year operating millage rate from Current Year Form DR-420, Line 10	0.7500	per \$1,000	(4)
<b>If Line 4 is equal to or greater than Line 3, skip to Line 11. If less, continue to Line 5.</b>			
<b>Adjust rolled-back rate based on prior year majority-vote maximum millage rate</b>			
5. Prior year final gross taxable value from Current Year Form DR-420, Line 7	\$	38,576,569,978	(5)
6. Prior year maximum ad valorem proceeds with majority vote <i>(Line 3 multiplied by Line 5 divided by 1,000)</i>	\$	63,184,564	(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	\$	918,738	(7)
8. Adjusted prior year ad valorem proceeds with majority vote <i>(Line 6 minus Line 7)</i>	\$	62,265,826	(8)
9. Adjusted current year taxable value from Current Year form DR-420 Line 15	\$	37,751,100,329	(9)
10. Adjusted current year rolled-back rate <i>(Line 8 divided by Line 9, multiplied by 1,000)</i>	1.6494	per \$1,000	(10)
<b>Calculate maximum millage levy</b>			
11. Rolled-back rate to be used for maximum millage levy calculation <i>(Enter Line 10 if adjusted or else enter Line 2)</i>	1.6494	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>	1.7231	per \$1,000	(13)
14. Two-thirds vote maximum millage rate allowed <i>(Multiply Line 13 by 1.10)</i>	1.8954	per \$1,000	(14)
15. Current year proposed millage rate	0.6000	per \$1,000	(15)
16. <b>Minimum vote required to levy proposed millage:</b> (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>	1.7231	per \$1,000	(17)
18. Current year gross taxable value from Current Year Form DR-420, Line 4	\$	39,179,296,845	(18)

Taxing Authority : SOUTH BROWARD HOSPITAL DISTRICT		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>	\$ 23,507,578	(19)	
20.	Total taxes levied at the maximum millage rate <i>(Line 17 multiplied by Line 18, divided by 1,000)</i>	\$ 67,509,846	(20)	
<b>DEPENDENT SPECIAL DISTRICTS AND MSTUs</b>		 <b>STOP HERE. SIGN AND SUBMIT.</b>		
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>	\$ 23,507,578	(22)	
<b>Total Maximum Taxes</b>				
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>	\$ 67,509,846	(24)	
<b>Total Maximum Versus Total Taxes Levied</b>				
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)	
<b>S I G N  H E R E</b>	<b>Taxing Authority Certification</b>	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 7/26/2012 3:15 PM			
	Title : FRANK V. SACCO, PRESIDENT & CEO	Contact Name and Contact Title : JOSE R. FERNANDEZ, DIRECTOR, FINANCIAL PLANNING & BUDGET		
	Mailing Address : 3501 JOHNSON STREET	Physical Address : 1131 NORTH 35TH AVENUE		
	City, State, Zip : HOLLYWOOD, FLORIDA 33021	Phone Number : 954/265-6014	Fax Number : 954/985-2262	

**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.**



# TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : SOUTH BROWARD HOSPITAL DISTRICT	Taxing Authority : SOUTH BROWARD HOSPITAL DISTRICT
Community Redevelopment Area : Davie	Base Year : 1988

**SECTION I : COMPLETED BY PROPERTY APPRAISER**

1.	Current year taxable value in the tax increment area	\$	328,807,620	(1)
2.	Base year taxable value in the tax increment area	\$	139,564,209	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	189,243,411	(3)
4.	Prior year Final taxable value in the tax increment area	\$	338,750,340	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	199,186,131	(5)

<b>SIGN HERE</b>	<b>Property Appraiser Certification</b>	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> <b>If value is zero or less than zero, then enter zero on Line 6b</b>	\$	179,781,240	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	144,004	(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> <b>If value is zero or less than zero, then enter zero on Line 7e</b>	\$	0	(7e)

<b>S I G N  H E R E</b>	<b>Taxing Authority Certification</b>	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 7/26/2012 3:15 PM	Date :		
	Title : FRANK V. SACCO, PRESIDENT & CEO	Contact Name and Contact Title : JOSE R. FERNANDEZ, DIRECTOR, FINANCIAL PLANNING & BUDGET		
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# TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : SOUTH BROWARD HOSPITAL DISTRICT	Taxing Authority : SOUTH BROWARD HOSPITAL DISTRICT
Community Redevelopment Area : Hallandale Beach	Base Year : 1996

**SECTION I : COMPLETED BY PROPERTY APPRAISER**

1.	Current year taxable value in the tax increment area	\$	1,014,072,930	(1)
2.	Base year taxable value in the tax increment area	\$	377,757,750	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	636,315,180	(3)
4.	Prior year Final taxable value in the tax increment area	\$	1,023,440,530	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	645,682,780	(5)

<b>SIGN HERE</b>	<b>Property Appraiser Certification</b>	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.		0.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <b>If value is zero or less than zero, then enter zero on Line 6b</b>	\$	0	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	0	(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	\$	200,000	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.7500 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>	\$	484,262	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		41.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <b>If value is zero or less than zero, then enter zero on Line 7e</b>	\$	260,889,224	(7e)

<b>S I G N  H E R E</b>	<b>Taxing Authority Certification</b>	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 7/26/2012 3:15 PM	Date :		
	Title : FRANK V. SACCO, PRESIDENT & CEO	Contact Name and Contact Title : JOSE R. FERNANDEZ, DIRECTOR, FINANCIAL PLANNING & BUDGET		
	Mailing Address : 3501 JOHNSON STREET	Physical Address : 1131 NORTH 35TH AVENUE		
	City, State, Zip : HOLLYWOOD, FLORIDA 33021	Phone Number : 954/265-6014	Fax Number : 954/985-2262	



# TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : SOUTH BROWARD HOSPITAL DISTRICT	Taxing Authority : SOUTH BROWARD HOSPITAL DISTRICT
Community Redevelopment Area : Hollywood Beach	Base Year : 1997

**SECTION I : COMPLETED BY PROPERTY APPRAISER**

1.	Current year taxable value in the tax increment area	\$	1,965,993,860	(1)
2.	Base year taxable value in the tax increment area	\$	545,881,010	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	1,420,112,850	(3)
4.	Prior year Final taxable value in the tax increment area	\$	1,955,803,780	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	1,409,922,770	(5)

<b>SIGN HERE</b>	<b>Property Appraiser Certification</b>	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.		0.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <b>If value is zero or less than zero, then enter zero on Line 6b</b>	\$	0	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	0	(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 from Form DR-420, Line 10		0.7500 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>	\$	1,057,442	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		28.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <b>If value is zero or less than zero, then enter zero on Line 7e</b>	\$	397,631,598	(7e)

<b>S I G N  H E R E</b>	<b>Taxing Authority Certification</b>	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 7/26/2012 3:15 PM	Date :		
	Title : FRANK V. SACCO, PRESIDENT & CEO	Contact Name and Contact Title : JOSE R. FERNANDEZ, DIRECTOR, FINANCIAL PLANNING & BUDGET		
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	City, State, Zip : HOLLYWOOD, FLORIDA 33021	Phone Number : 954/265-6014	Fax Number : 954/985-2262	



# TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2012	County : BROWARD
Principal Authority : SOUTH BROWARD HOSPITAL DISTRICT	Taxing Authority : SOUTH BROWARD HOSPITAL DISTRICT
Community Redevelopment Area : Hollywood Downtown	Base Year : 1979

**SECTION I : COMPLETED BY PROPERTY APPRAISER**

1.	Current year taxable value in the tax increment area	\$	476,197,610	(1)
2.	Base year taxable value in the tax increment area	\$	103,167,427	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	373,030,183	(3)
4.	Prior year Final taxable value in the tax increment area	\$	488,759,040	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	385,591,613	(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> <b>If value is zero or less than zero, then enter zero on Line 6b</b>	\$	354,378,674	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	274,734	(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> <b>If value is zero or less than zero, then enter zero on Line 7e</b>	\$	0	(7e)

<b>S I G N  H E R E</b>	<b>Taxing Authority Certification</b>	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 7/26/2012 3:15 PM	Date :		
	Title : FRANK V. SACCO, PRESIDENT & CEO	Contact Name and Contact Title : JOSE R. FERNANDEZ, DIRECTOR, FINANCIAL PLANNING & BUDGET		
	Mailing Address : 3501 JOHNSON STREET	Physical Address : 1131 NORTH 35TH AVENUE		
	City, State, Zip : HOLLYWOOD, FLORIDA 33021	Phone Number : 954/265-6014	Fax Number : 954/985-2262	