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CERTIFICATION OF TAXABLE VALUE

DR-420 R. 5/12 Rule 12D-16.002 Florida Administrative Code Effective 11/12

Year:	2015					
	pal Authority : TH BROWARD HOSPITAL DIST	Taxing Authority: NORTH BROWARD HOSI	PITAL DIST			
SECT	ION I: COMPLETED BY PROPERTY APPRAISER					
1.	Current year taxable value of real property for operating pur	\$	99,0	676,455,650	(1)	
2.	Current year taxable value of personal property for operating	\$	\$ 4,582,797,863			
3.	Current year taxable value of centrally assessed property for	operating purposes	\$		40,386,160	(3)
4.	Current year gross taxable value for operating purposes (Lin	e 1 plus Line 2 plus Line 3)	\$	104,2	299,639,673	(4)
5.	Current year net new taxable value (Add new construction, improvements increasing assessed value by at least 100%, as personal property value over 115% of the previous year's value	\$!	940,177,624	(5)	
6.	Current year adjusted taxable value (Line 4 minus Line 5)		\$	103,	359,462,049	(6)
7.	Prior year FINAL gross taxable value from prior year applicat	ole Form DR-403 series	\$	96,	529,741,215	(7)
8.	Does the taxing authority include tax increment financing ar of worksheets (DR-420TIF) attached. If none, enter 0	eas? If yes, enter number	✓ YES	□ NO	Number 10	(8)
9.	Does the taxing authority levy a voted debt service millage of years or less under s. 9(b), Article VII, State Constitution? If yes DR-420DEBT, <i>Certification of Voted Debt Millage</i> forms attached	YES	✓ NO	Number 0	(9)	
	Property Appraiser Certification I certify the	taxable values above are	correct to t	he best o	f my knowled	lge.
SIGN HERE	Signature of Property Appraiser:		Date :			
HEKE	Electronically Certified by Property Appraiser		6/29/20	15 11:48	8 AM	
SECT	ION II: COMPLETED BY TAXING AUTHORITY					
	If this portion of the form is not completed in FULL your possibly lose its millage levy privilege for the ta				ion and	
10.	Prior year operating millage levy (If prior year millage was adj millage from Form DR-422)	usted then use adjusted	1.5	939	per \$1,000	(10)
11.	Prior year ad valorem proceeds (Line 7 multiplied by Line 10, o	divided by 1,000)	\$,	153,858,755	(11)
12.	Amount, if any, paid or applied in prior year as a consequence of ar dedicated increment value (Sum of either Lines 6c or Line 7a for all D		\$		3,982,451	(12)
13.	Adjusted prior year ad valorem proceeds (Line 11 minus Line	12)	\$,	149,876,304	(13)
14.	Dedicated increment value, if any (Sum of either Line 6b or Line 7e for	\$	2,8	825,198,200	(14)	
15.	Adjusted current year taxable value (Line 6 minus Line 14)	\$	100,	534,263,849	(15)	
16.	Current year rolled-back rate (Line 13 divided by Line 15, mul-	1.49	908	per \$1000	(16)	
17.	Current year proposed operating millage rate	1.49	908	per \$1000	(17)	
18.	Total taxes to be levied at proposed millage rate (Line 17 multiple by 1,000)	ultiplied by Line 4, divided	\$,	155,489,903	(18)

19.	Т	YPE of principa	al authority (check		cipality		endent Spe Manageme		(19)	
20.	А	pplicable taxir	ng authority (check	one) ✓ Princi	pal Authority		ndent Speci Manageme	al District ent District Basin	(20)	
21.	ls	millage levied i	n more than one co		Yes	✓ No			(21)	
		DEPENDENT	SPECIAL DISTRICT	TS AND MSTUs	STOP	STOP H	IERE - SIG	IN AND SUBM	IIT	
22.		endent special distr	prior year ad valorem pricts, and MSTUs levying a) \$		149,876,304	(22)	
23.	Curr	ent year aggrega	te rolled-back rate (Lir	ne 22 divided by Line 1:	5, multiplied by 1,00	00)	1.4908	per \$1,000	(23)	
24.	Curr	ent year aggrega	te rolled-back taxes (L	ine 4 multiplied by Line	e 23, divided by 1,00	00) \$		155,489,903	(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>)							155,489,903	(25)	
26.	6. Current year proposed aggregate millage rate (Line 25 divided by Line 4, multiplied by 1,000)						1.4908	per \$1,000	(26)	
27.		ent year propose 23, minus 1 , mu	ed rate as a percent cha altiplied by 100)	ange of rolled-back ra	te (Line 26 divided I	by		0.00 %	(27)	
ı		rst public get hearing	Date: 9/9/2015	Time : 5:30 PM	Place : Broward Health N	Place : Broward Health Medical Center in auditoriums				
	5	Taxing Autho	ority Certification	I certify the millag The millages com either s. 200.071 c	ply with the prov					
	, I	Signature of Chic	ef Administrative Offic	er:			Date:			
	G	Electronically Co	ertified by Taxing Auth	ority			7/30/201	5 4:28 PM		
		Title : ROBERT K. MAR	ΓΙΝ, SR. VP/CFO		Contact Name a			ERVICES		
I F	H E R	Mailing Address 1800 NW 49th S	:		Physical Addres					
•	-	City, State, Zip:	- FLODID A 22222		Phone Number	:	Fax I	Number :		
		F1 LAUDERDALE	E, FLORIDA 33309		954/473-7012		954	954/473-7009		

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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 Effective 11/12

Ye	ar: 2015	County: BI	ROWAI	RD		
	ncipal Authority : PRTH BROWARD HOSPITAL DIST	Taxing Authority: NORTH BROWARD	HOSPIT	AL DIST		
1.	Is your taxing authority a municipality or independent special distrad valorem taxes for less than 5 years?	ict that has levied		Yes	No	(1)
	IF YES, STOP HERE. SIGN AND	SUBMIT. You are	e not si	ıbject to	a millage limitati	ion.
2.	Current year rolled-back rate from Current Year Form DR-420, Line	16		1.4908	per \$1,000	(2)
3.	Prior year maximum millage rate with a majority vote from 2014 For	3	2.3159	per \$1,000	(3)	
4.	Prior year operating millage rate from Current Year Form DR-420, L	ine 10		1.5939	per \$1,000	(4)
	If Line 4 is equal to or greater than Line 3, ski	ip to Line 11.	f less	, contin	ue to Line 5.	
	Adjust rolled-back rate based on prior year	majority-vote ma	ximun	ı millage	rate	
5.	Prior year final gross taxable value from Current Year Form DR-420,	Line 7	\$		96,529,741,215	(5)
6.	Prior year maximum ad valorem proceeds with majority vote (Line 3 multiplied by Line 5 divided by 1,000)		\$		223,553,228	(6)
7.	Amount, if any, paid or applied in prior year as a consequence of ar measured by a dedicated increment value from Current Year Form		\$		3,982,451	(7)
8.	Adjusted prior year ad valorem proceeds with majority vote (Line 6	6 minus Line 7)	\$		219,570,777	(8)
9.	Adjusted current year taxable value from Current Year form DR-42	0 Line 15	\$		100,534,263,849	(9)
10.	Adjusted current year rolled-back rate (Line 8 divided by Line 9, mult	iplied by 1,000)		2.1840	per \$1,000	(10)
	Calculate maximum millage levy					
11.	Rolled-back rate to be used for maximum millage levy calculation (Enter Line 10 if adjusted or else enter Line 2)			2.1840	per \$1,000	(11)
12.	Adjustment for change in per capita Florida personal income (See L	ine 12 Instructions)			1.0196	(12)
13.	Majority vote maximum millage rate allowed (Line 11 multiplied by	Line 12)		2.2268	per \$1,000	(13)
14.	Two-thirds vote maximum millage rate allowed (Multiply Line 13 by	1.10)		2.4495	per \$1,000	(14)
15.	Current year proposed millage rate			1.4908	per \$1,000	(15)
16.	Minimum vote required to levy proposed millage: (Check one)					(16)
√	a. Majority vote of the governing body: Check here if Line 15 is less to the majority vote maximum rate. <i>Enter Line 13 on Line 17</i> .		ine 13. T	he maxim	um millage rate is	equal
	b. Two-thirds vote of governing body: Check here if Line 15 is less	•	e 14, bu	t greater t	han Line 13. The	
	maximum millage rate is equal to proposed rate. <i>Enter Line 15</i> c. Unanimous vote of the governing body, or 3/4 vote if nine mem		horo if	Line 15 is	greater than Line 1	1
	The maximum millage rate is equal to the proposed rate. <i>Enter</i>			LINE 13 IS	greater triair Line i	ч.
	d. Referendum: The maximum millage rate is equal to the propose	ed rate. Enter Line	15 on L	ine 17.		
17.	The selection on Line 16 allows a maximum millage rate of (Enter rate indicated by choice on Line 16)		2.2268	per \$1,000	(17)	
18.	Current year gross taxable value from Current Year Form DR-420, L	ine 4	\$		104,299,639,673	(18)

	_	Authority : I BROWARD HOSPITAL DIST				DI	R-420MM-P R. 5/12 Page 2	
19.	Cur	rent year proposed taxes (Line 15 multiplie	ed by Line 18, divided by	(1,000)	\$	155,489,9	003 (19)	
20.	Tota 1,00	al taxes levied at the maximum millage ra	te (Line 17 multiplied b	y Line 18, divided by	\$	232,254,4	138 (20)	
	DE	PENDENT SPECIAL DISTRICTS	AND MSTUs	TOP STOI	PHERE	E. SIGN AND SU	BMIT.	
21.		er the current year proposed taxes of all d illage . <i>(The sum of all Lines 19 from each d</i>			\$		0 (21)	
22.	Tota	al current year proposed taxes (Line 19 plu	ıs Line 21)		\$	155,489,9	003 (22)	
	Tot	al 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-P</i>)						0 (23)	
24.	4. Total taxes at maximum millage rate (Line 20 plus Line 23)					232,254,4	138 (24)	
	Tota	al Maximum Versus Total Taxes Le	evied					
25.		total current year proposed taxes on Line kimum millage rate on Line 24? (Check on		n total taxes at the	✓ YES	NO	(25)	
	S	Taxing Authority Certification				my knowledge. The milla ons of either s. 200.071 o		
	I	Signature of Chief Administrative Officer	:		Date:			
'	G N	Electronically Certified by Taxing Author	rity		7/30/20	015 4:28 PM		
	Title: ROBERT K. MARTIN, SR. VP/CFO E			Contact Name and C KATHERINE CAMERO				
1	R Mailing Address: 1800 NW 49th Street			Physical Address : 1800 NW 49th Street	t			
	City, State, Zip: Phone Number FT LAUDERDALE, FLORIDA 33309 954/473-7012				Fax Number : 954/473-7009			

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.



Year :	2015	BROWARD					
	pal Authority: H BROWARD HOSPITAL DIST	Taxing Au NORTH B		IOSPITAL DIST			
	nunity Redevelopment Area : Springs	Base Yea 2002	Base Year: 2002				
SECTION	ON I: COMPLETED BY PROPERTY APPRAISER						
1. Cı	urrent year taxable value in the tax increment area			\$	103,302,450	(1)	
2. Ba	ase year taxable value in the tax increment area			\$ 66,321,640 (
3. Cı	urrent year tax increment value (Line 1 minus Line 2))		\$	36,980,810	(3)	
4. Pr	ior year Final taxable value in the tax increment are	a		\$	100,332,400	(4)	
5. Pr	ior year tax increment value (Line 4 minus Line 2)		\$	34,010,760	(5)		
CICI	Property Appraiser Certification I certify the taxable values				the best of my knowled	dge.	
	SIGN HERE Signature of Property Appraiser:						
	Electronically Certified by Property Appraiser			6/29/2015 11:4	8 AM		
SECTI	ON II: COMPLETED BY TAXING AUTHORITY Con	nplete EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	۱.	
6. If th	e amount to be paid to the redevelopment trust fur	nd IS BASED on a	specific pro	portion of the tax	increment value:		
6a. Er	nter the proportion on which the payment is based.				95.00 %	(6a)	
6b. De	edicated increment value (Line 3 multiplied by the parties of less than zero, then enter zero		ба)	\$	35,131,770	(6b)	
6c. Aı	mount of payment to redevelopment trust fund in p	orior year		\$	55,997	(6c)	
7. If th	e amount to be paid to the redevelopment trust fur	nd IS NOT BASED	on a specifi	c proportion of th	e tax increment value:		
7a. Aı	mount of payment to redevelopment trust fund in p	orior year		\$	0	(7a)	
7b. Pr	ior year operating millage levy from Form DR-420,	Line 10		0.0000	per \$1,000	(7b)	
	ixes levied on prior year tax increment value ine 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)	
/ u. (L	ior year payment as proportion of taxes levied on ir ine 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)	
7e. De	edicated increment value (Line 3 multiplied by the parties of less than zero, then enter zero	ercentage on Line on Line 7e	7d)	\$	0	(7e)	
	3	y the calculations,	millages an	d rates are correct	to the best of my knowle	dge.	
S	Signature of Chief Administrative Officer:			Date :			
ı	Electronically Certified By Taxing Authority			7/30/2015 4:28 P	PM		
G N	Title: ROBERT K. MARTIN, SR. VP/CFO			ame and Contact NE CAMERON, FIN			
H Mailing Address: 1800 NW 49th Street Physical Address: 1800 NW 49th Street							
E	City, State, Zip:		Phone Nu	mber :	Fax Number :		
	FT LAUDERDALE, FLORIDA 33309		954/473-	7012	954/473-7009		

FLORIDA

Year :	2015	County:	В	ROWARD			
Princi _l NORT	oal Authority: H BROWARD HOSPITAL DIST	Taxing Au NORTH B		IOSPITAL DIST			
Comm	nunity Redevelopment Area :	Base Year 1988	Base Year: 1988				
SECTION	ON I: COMPLETED BY PROPERTY APPRAISER	 					
1. Cı	irrent year taxable value in the tax increment area			\$	50,398,870	(1)	
2. Ba	se year taxable value in the tax increment area			\$ 15,487,800			
3. Cı	rrent year tax increment value (Line 1 minus Line 2)			\$	34,911,070	(3)	
4. Pr	ior year Final taxable value in the tax increment area			\$	48,548,250	(4)	
5. Pr	ior year tax increment value (Line 4 minus Line 2)		\$	33,060,450	(5)		
SICI	SIGN Property Appraiser Certification I certify the taxable values				the best of my knowled	dge.	
HER	Cianatura of Dranarty Appraisar .			Date :			
	Electronically Certified by Property Appraiser			6/29/2015 11:4	8 AM		
SECTION	ON II: COMPLETED BY TAXING AUTHORITY Com	plete EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	۱.	
6. If th	e amount to be paid to the redevelopment trust fund	d IS BASED on a s	pecific pro	portion of the tax	increment value:		
6a. Er	ter the proportion on which the payment is based.				95.00 %	(6a)	
6b. De	edicated increment value (Line 3 multiplied by the per If value is zero or less than zero, then enter zero o		5a)	\$	33,165,517	(6b)	
6c. Ar	nount of payment to redevelopment trust fund in pi	rior year		\$	51,253	(6c)	
7. If th	e amount to be paid to the redevelopment trust fund	d IS NOT BASED o	on a specifi	c proportion of th	e tax increment value:		
7a. Ar	nount of payment to redevelopment trust fund in pi	rior year		\$	0	(7a)	
7b. Pr	ior year operating millage levy from Form DR-420, L	ine 10		0.0000	per \$1,000	(7b)	
	xes levied on prior year tax increment value one 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)	
/ d. (L	ior year payment as proportion of taxes levied on ind ne 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)	
7e.	edicated increment value (Line 3 multiplied by the per If value is zero or less than zero, then enter zero	rcentage on Line on Line on Line on Line 7e	7d)	\$	0	(7e)	
	3	the calculations,	millages an	d rates are correct	to the best of my knowle	dge.	
S	Signature of Chief Administrative Officer :			Date :			
I	Electronically Certified By Taxing Authority			7/30/2015 4:28 F	PM		
G N	Title : ROBERT K. MARTIN, SR. VP/CFO			ame and Contact NE CAMERON, FIN	Title : ANCIAL SERVICES		
H Mailing Address: 1800 NW 49th Street Physical Address: 1800 NW 49th Street							
E	City, State, Zip :		Phone Nu	mber :	Fax Number :		
	FT LAUDERDALE, FLORIDA 33309		954/473-7	7012	954/473-7009		



Year :	:	2015	County:	В	ROWARD			
		thority: WARD HOSPITAL DIST		Taxing Au NORTH BI		IOSPITAL DIST		
	nunity field Be	Redevelopment Area : each		Base Year: 1999				
SECTI	ONI:	COMPLETED BY PROPERTY APPRAISER		I				
1. Cı	urrent y	year taxable value in the tax increment area				\$	328,926,660	(1)
2. Ba	ase yea	r taxable value in the tax increment area				\$ 110,827,830		
3. Cı	3. Current year tax increment value (Line 1 minus Line 2)					\$	218,098,830	(3)
4. Pr	rior yea	r Final taxable value in the tax increment are	ea			\$	315,384,410	(4)
5. Pr	5. Prior year tax increment value (Line 4 minus Line 2)					\$	204,556,580	(5)
SIC	Property Appraiser Certification I certify the taxable values				e values ab	ove are correct to	the best of my knowled	dge.
	SIGN HERE Signature of Property Appraiser:					Date :		
	Electronically Certified by Property Appraiser					6/29/2015 11:4	18 AM	
SECTI	ON II: 0	COMPLETED BY TAXING AUTHORITY CO	mplete l	EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ı.
6. If th	ie amoi	unt to be paid to the redevelopment trust fu	ınd IS BA	SED on a s	pecific pro	portion of the tax	increment value:	
6a. Er	nter the	e proportion on which the payment is based	l .				95.00 %	(6a)
6b. D		ed increment value <i>(Line 3 multiplied by the p</i> Ilue is zero or less than zero, then enter zero			ia)	\$	207,193,889	(6b)
6c. A	mount	of payment to redevelopment trust fund in	prior ye	ar		\$	309,741	(6c)
7. If th	ie amol	unt to be paid to the redevelopment trust fu	ınd IS NO	OT BASED o	n a specifi	c proportion of th	e tax increment value:	
7a. A	mount	of payment to redevelopment trust fund in	prior yea	ar		\$	0	(7a)
7b. Pr	rior yea	r operating millage levy from Form DR-420,	Line 10			0.0000	per \$1,000	(7b)
		vied on prior year tax increment value oultiplied by Line 7b, divided by 1,000)				\$	0	(7c)
/ a. (L	ine 7a d	r payment as proportion of taxes levied on i divided by Line 7c, multiplied by 100)					0.00 %	(7d)
7e. D	edicate	ed increment value <i>(Line 3 multiplied by the palue is zero or less than zero, then enter zero</i>	oercenta o on Lin	ge on Line I	7d)	\$	0	(7e)
		5	fy the ca	lculations,	millages an	d rates are correct	to the best of my knowle	dge.
S	Sign	ature of Chief Administrative Officer:				Date :		
I	Elec	tronically Certified By Taxing Authority				7/30/2015 4:28 F	PM	
G N	Title ROI	e : BERT K. MARTIN, SR. VP/CFO				ame and Contact NE CAMERON, FIN		
H Mailing Address: 1800 NW 49th Street Physical Address: 1800 NW 49th Street								
E	City	, State, Zip :			Phone Nu	mber:	Fax Number :	
	FTL	LAUDERDALE, FLORIDA 33309			954/473-	7012	954/473-7009	

FLORIDA

Year :	: 2015		unty:	В	ROWARD				
	ipal Authority: TH BROWARD HOSPITAL DIST			ing Auth ORTH BRO		OSPITAL DIST			
	munity Redevelopment Area :		Bas	se Year :					
Fort L	Lauderdale		198	1989					
SECTI	ON I: COMPLETED BY PROPERTY A	PPRAISER							
1. Cı	urrent year taxable value in the tax inci	rement area				\$	791,599,560	(1)	
2. Ba	ase year taxable value in the tax increm	nent area				\$	118,537,320	(2)	
3. Cı	3. Current year tax increment value (Line 1 minus Line 2)					\$	673,062,240	(3)	
4. Pr	4. Prior year Final taxable value in the tax increment area					\$	744,799,040	(4)	
5. Pr	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					\$	626,261,720	(5)	
SIGI	SIGN Property Appraiser Certification I certify the taxable value				values ab	ove are correct to	the best of my knowled	dge.	
HER	Cianatura of Dranarty Annyaicar .					Date :			
	Electronically Certified by Property Appraiser					6/29/2015 11:4	8 AM		
SECTI	ION II: COMPLETED BY TAXING AUTH	ORITY Com	plete EITH	IER line	6 or line	7 as applicable.	Do NOT complete both	i.	
6. If th	ne amount to be paid to the redevelopr	ment trust fun	d IS BASED	on a sp	ecific pro	portion of the tax	increment value:		
6a. Er	nter the proportion on which the paym	ent is based.					95.00 %	(6a)	
6b. D	edicated increment value (Line 3 multi If value is zero or less than zero, the				1)	\$	639,409,128	(6b)	
6c. Aı	mount of payment to redevelopment t	rust fund in p	rior year			\$	948,289	(6c)	
7. If th	ne amount to be paid to the redevelopr	nent trust fun	d IS NOT BA	ASED on	a specific	proportion of the	e tax increment value:		
7a. Aı	mount of payment to redevelopment t	rust fund in p	rior year			\$	0	(7a)	
7b. Pr	rior year operating millage levy from Fo	orm DR-420, L	ine 10			0.0000	per \$1,000	(7b)	
	axes levied on prior year tax increment Line 5 multiplied by Line 7b, divided by 1,0					\$	0	(7c)	
/ 'U. (L	rior year payment as proportion of taxe ine 7a divided by Line 7c, multiplied by 1	00)					0.00 %	(7d)	
7e. D	dedicated increment value (Line 3 multi If value is zero or less than zero, the	plied by the pe en enter zero	ercentage or on Line 7e	n Line 70	d)	\$	0	(7e)	
	Taxing Authority Certification	l certify	the calcula	ations, m	illages an	d rates are correct	to the best of my knowle	dge.	
S	Signature of Chief Administrative Of	fficer :				Date :			
1	Electronically Certified By Taxing Au	uthority				7/30/2015 4:28 F	PM		
G N	Title: ROBERT K. MARTIN, SR. VP/CFO			I		ame and Contact	Title : ANCIAL SERVICES		
H Mailing Address: 1800 NW 49th Street R Physical Address: 1800 NW 49th Street									
E	City, State, Zip:			F	Phone Nu	mber :	Fax Number :		
	FT LAUDERDALE, FLORIDA 33309				954/473-7	7012	954/473-7009		



Year :	: 2015		County:	В	ROWARD		
	ipal Authority: TH BROWARD HOSPITAL DIST		Taxing Au NORTH BI		IOSPITAL DIST		
	munity Redevelopment Area : lerdale Lakes		Base Year : 2000				
SECTI	ION I: COMPLETED BY PROPERTY AP	PRAISER	1				
1. Cı	urrent year taxable value in the tax increr		\$	233,023,420	(1)		
2. Ba	ase year taxable value in the tax incremer	nt area			\$	127,159,990	(2)
3. Cı	3. Current year tax increment value (Line 1 minus Line 2)				\$	105,863,430	(3)
4. Pr	rior year Final taxable value in the tax inc	rement area			\$	222,822,270	(4)
5. Pr	5. Prior year tax increment value (Line 4 minus Line 2)				\$	95,662,280	(5)
CICI	Property Appraiser Certification I certify the taxable values				ove are correct to	the best of my knowled	dge.
	SIGN HERE Signature of Property Appraiser:				Date :		
	Electronically Certified by Property	Appraiser			6/29/2015 11:4	18 AM	
SECTI	ION II: COMPLETED BY TAXING AUTHO	RITY Complete	EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ı.
6. If th	ne amount to be paid to the redevelopme	ent trust fund IS B	ASED on a s	pecific pro	portion of the tax	increment value:	
6a. Er	nter the proportion on which the paymer	nt is based.				95.00 %	(6a)
6b. De	Dedicated increment value (Line 3 multipli If value is zero or less than zero, then			5a)	\$	100,570,259	(6b)
6c. Aı	mount of payment to redevelopment tru	st fund in prior ye	ear		\$	144,852	(6c)
7. If th	ne amount to be paid to the redevelopme	nt trust fund IS N	OT BASED o	on a specifi	c proportion of th	e tax increment value:	
7a. Aı	mount of payment to redevelopment tru	st fund in prior ye	ear		\$	0	(7a)
7b. Pr	rior year operating millage levy from Forr	n DR-420, Line 10)		0.0000	per \$1,000	(7b)
	axes levied on prior year tax increment va Line 5 multiplied by Line 7b, divided by 1,000				\$	0	(7c)
/ a. (L	rior year payment as proportion of taxes l Line 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)
7e. De	Dedicated increment value (Line 3 multipli If value is zero or less than zero, then	ed by the percenta enter zero on Lin	ige on Line I	7d)	\$	0	(7e)
	Taxing Authority Certification		alculations,	millages an	d rates are correct	to the best of my knowle	dge.
S	Signature of Chief Administrative Office	er:			Date :		
I	Electronically Certified By Taxing Auth	nority			7/30/2015 4:28 F	PM	
G N	Title : ROBERT K. MARTIN, SR. VP/CFO				ame and Contact NE CAMERON, FIN	Title : ANCIAL SERVICES	
H Mailing Address: 1800 NW 49th Street R Physical Address: 1800 NW 49th Street							
E	City, State, Zip:			Phone Nu	mber:	Fax Number :	
	FT LAUDERDALE, FLORIDA 33309			954/473-	7012	954/473-7009	



Yea	ar:	2015	County:	В	ROWARD		
		l Authority: BROWARD HOSPITAL DIST	Taxing Au NORTH B		HOSPITAL DIST		
Con	nmu	nity Redevelopment Area :	Base Year	r:			
Ma	rgate		1997				
SEC	TION	NI: COMPLETED BY PROPERTY APPRAISER					
1.	Curr	ent year taxable value in the tax increment area			\$	659,659,930	(1)
2.	Base	year taxable value in the tax increment area			\$ 306,827,250		
3.	Curr	ent year tax increment value (Line 1 minus Line 2)			\$	352,832,680	(3)
4.	, , , , , , , , , , , , , , , , , , , ,				\$	637,993,110	(4)
5.					\$	331,165,860	(5)
	Property Appraiser Certification I certify the taxable values a				oove are correct to	the best of my knowled	dge.
	SIGN HERE Signature of Property Appraiser:				Date :		
	Electronically Certified by Property Appraiser				6/29/2015 11:4	18 AM	
SEC	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line				7 as applicable.	Do NOT complete both	ı.
6. If	the a	amount to be paid to the redevelopment trust fund IS	BASED on a s	specific pro	portion of the tax	increment value:	
6a.	6a. Enter the proportion on which the payment is based.					95.00 %	(6a)
6b.		icated increment value (Line 3 multiplied by the percer		ба)	\$	335,191,046	(6b)
		If value is zero or less than zero, then enter zero on l					
\vdash	l	punt of payment to redevelopment trust fund in prior	•		\$	499,932	(6c)
\vdash		amount to be paid to the redevelopment trust fund IS		on a specifi	1		(7.)
		ount of payment to redevelopment trust fund in prior	•		\$	0	(7a)
	_	r year operating millage levy from Form DR-420, Line	10		0.0000	per \$1,000	(7b)
7c.		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)
7d.		r year payment as proportion of taxes levied on increr ? 7a divided by Line 7c, multiplied by 100)	ment value			0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the percer If value is zero or less than zero, then enter zero on l		7d)	\$	0	(7e)
			e calculations,	millages an	1	to the best of my knowle	dge.
9	5	Signature of Chief Administrative Officer:			Date :		
	l	Electronically Certified By Taxing Authority			7/30/2015 4:28 F	PM	
N	N	Title : ROBERT K. MARTIN, SR. VP/CFO			lame and Contact NE CAMERON, FIN	Title : ANCIAL SERVICES	
E	E				Physical Address : 1800 NW 49th Street		
"	E	City, State, Zip :		Phone Nu	ımber :	Fax Number :	
		FT LAUDERDALE, FLORIDA 33309		954/473-	7012	954/473-7009	

FLORIDA

Yea	ır:	2015	BROWARD					
		l Authority: BROWARD HOSPITAL DIST	Taxing Au NORTH B		IOSPITAL DIST			
1		nity Redevelopment Area :	Base Year	r:				
Pia	ntati	on	2000					
SEC	TIOI	I : COMPLETED BY PROPERTY APPRAISER						
1.	Curr	ent year taxable value in the tax increment area			\$ 221,947,900 (1)			
2.	Base	year taxable value in the tax increment area			\$ 127,670,650			
3.	3. Current year tax increment value (Line 1 minus Line 2)				\$	94,277,250	(3)	
4.	Prio	r year Final taxable value in the tax increment area			\$	215,841,920	(4)	
5.	5. Prior year tax increment value (Line 4 minus Line 2)				\$	88,171,270	(5)	
	Property Appraiser Certification I certify the taxable values of			e values ab	ove are correct to	the best of my knowled	dge.	
	SIGN Signature of Property Appraiser:				Date :			
		Electronically Certified by Property Appraiser			6/29/2015 11:4	18 AM		
SEC	TIOI	N II: COMPLETED BY TAXING AUTHORITY Complete	e EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	n.	
6. If	the a	amount to be paid to the redevelopment trust fund IS I	BASED on a s	pecific pro	portion of the tax	increment value:		
6a.	Ente	r the proportion on which the payment is based.				95.00 %	(6a)	
6b.	Ded	icated increment value (Line 3 multiplied by the percent If value is zero or less than zero, then enter zero on Li		5a)	\$	89,563,388	(6b)	
6c.	Amo	ount of payment to redevelopment trust fund in prior y			\$	133,509	(6c)	
		amount to be paid to the redevelopment trust fund IS I		on a specific	,		(/	
		ount of payment to redevelopment trust fund in prior y		on a speem	\$	0	(7a)	
7b.	Prio	r year operating millage levy from Form DR-420, Line 1	0		0.0000	per \$1,000	(7b)	
7c.	Taxe	es levied on prior year tax increment value			\$	0	(7c)	
		e 5 multiplied by Line 7b, divided by 1,000) r year payment as proportion of taxes levied on increm	ent value					
7d.	(Line	r 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by the percent If value is zero or less than zero, then enter zero on Li		7d)	\$	0	(7e)	
		Taxing Authority Certification I certify the	calculations,	millages an	d rates are correct	to the best of my knowle	edge.	
9	5	Signature of Chief Administrative Officer:			Date :			
ı	ı	Electronically Certified By Taxing Authority			7/30/2015 4:28 F	PM		
		Title:			ame and Contact			
	4	ROBERT K. MARTIN, SR. VP/CFO		KATHERIN	NE CAMERON, FIN.	ANCIAL SERVICES		
	E '			Physical A 1800 NW	ddress : 49th Street			
1	R							
E	•	City, State, Zip:		Phone Nu	mber :	Fax Number :		
		FT LAUDERDALE, FLORIDA 33309		954/473-7	7012	954/473-7009		

FLORIDA

Year	:	2015	BROWARD					
		Authority: BROWARD HOSPITAL DIST	Taxing Au NORTH B		IOSPITAL DIST			
1		ity Redevelopment Area : o Beach East	Base Year	Base Year:				
SECTI	ON	I : COMPLETED BY PROPERTY APPRAISER						
1. C	urre	ent year taxable value in the tax increment area			\$	356,760,360	(1)	
2. B	ase	year taxable value in the tax increment area			\$ 136,427,940 (
3. C					\$	220,332,420	(3)	
4. Pi	(\$	333,214,320	(4)	
5. Pi	5. Prior year tax increment value (Line 4 minus Line 2)				\$	196,786,380	(5)	
616	Property Appraiser Certification I certify the taxable values				oove are correct to	the best of my knowled	dge.	
	SIGN HERE Signature of Property Appraiser:				Date :			
	Electronically Certified by Property Appraiser				6/29/2015 11:4	18 AM		
SECTI	ON	II: COMPLETED BY TAXING AUTHORITY Complet	e EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	n.	
6. If th	ie ar	mount to be paid to the redevelopment trust fund IS	BASED on a s	pecific pro	portion of the tax	increment value:		
6a. Eı	nter	the proportion on which the payment is based.				95.00 %	(6a)	
6b. D		cated increment value (Line 3 multiplied by the percent f value is zero or less than zero, then enter zero on L		ба)	\$	209,315,799	(6b)	
6с. д	moı	unt of payment to redevelopment trust fund in prior y	ear ear		\$	296,847	(6c)	
7. If th	ie ar	mount to be paid to the redevelopment trust fund IS	NOT BASED	on a specifi	c proportion of th	e tax increment value:		
7a. A	moı	unt of payment to redevelopment trust fund in prior y	ear ear		\$	0	(7a)	
7b. Pı	rior	year operating millage levy from Form DR-420, Line	0		0.0000	per \$1,000	(7b)	
		s levied on prior year tax increment value 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)	
/ u. (L	ine	year payment as proportion of taxes levied on increm <i>7a divided by Line 7c, multiplied by 100)</i>				0.00 %	(7d)	
7e. D	edid <i>I</i>	cated increment value (Line 3 multiplied by the percent fvalue is zero or less than zero, then enter zero on L	age on Line ine 7e	7d)	\$	0	(7e)	
			calculations,	millages an	d rates are correct	to the best of my knowle	edge.	
S	S	ignature of Chief Administrative Officer:			Date :			
1	I	Electronically Certified By Taxing Authority			7/30/2015 4:28 F	PM		
G N		Fitle : ROBERT K. MARTIN, SR. VP/CFO			lame and Contact NE CAMERON, FIN			
H Mailing Address: 1800 NW 49th Street Physical Address: 1800 NW 49th Street								
E	(City, State, Zip :		Phone Nu	mber:	Fax Number :		
		FT LAUDERDALE, FLORIDA 33309		954/473-	7012	954/473-7009		

FLORIDA

Year:	2015	County: B	ROWARD								
	oal Authority: H BROWARD HOSPITAL DIST	Taxing Authority: NORTH BROWARD HOSPITAL DIST									
1	unity Redevelopment Area :	Base Year :									
Pomp	ano Beach West	1989									
SECTION I: COMPLETED BY PROPERTY APPRAISER											
1. Cu	rrent year taxable value in the tax increment area		\$	851,044,950	(1)						
2. Ba	se year taxable value in the tax increment area		\$	297,388,021	(2)						
3. Cu	rrent year tax increment value (Line 1 minus Line 2)	\$	553,656,929	(3)							
4. Pr	or year Final taxable value in the tax increment area		\$	806,319,700	(4)						
5. Pri	or year tax increment value (Line 4 minus Line 2)		\$	508,931,679	(5)						
CICA	Property Appraiser Certification	the taxable values at	oove are correct to	the best of my knowled	lge.						
SIGN HER	Cianatura of Dranarty Annraisar .		Date :								
	Electronically Certified by Property Appraiser		6/29/2015 11:48 AM								
SECTIO	ON II: COMPLETED BY TAXING AUTHORITY Complete	EITHER line 6 or line	7 as applicable.	Do NOT complete both	1.						
6. If the	e amount to be paid to the redevelopment trust fund IS BA	ASED on a specific pro	portion of the tax	increment value:							
6a. En	ter the proportion on which the payment is based.		95.00 %	(6a)							
6b. D€	edicated increment value (Line 3 multiplied by the percenta If value is zero or less than zero, then enter zero on Lin	\$	525,974,083	(6b)							
6c. Ar	nount of payment to redevelopment trust fund in prior ye	\$ 767,193 (6		(6c)							
7. If the	e amount to be paid to the redevelopment trust fund IS NO	OT BASED on a specifi	c proportion of th	e tax increment value:							
7a. Ar	nount of payment to redevelopment trust fund in prior ye	\$	0	(7a)							
7b. Pr	or year operating millage levy from Form DR-420, Line 10	0.0000 per \$1,000 (7b)									
	xes levied on prior year tax increment value ne 5 multiplied by Line 7b, divided by 1,000)		\$ 0 ((7c)						
/u. (Li	ior year payment as proportion of taxes levied on increme ne 7a divided by Line 7c, multiplied by 100)	0.00 % (7d)									
7e. De	edicated increment value (Line 3 multiplied by the percental If value is zero or less than zero, then enter zero on Lin	ge on Line 7d) e 7e	\$	0	(7e)						
Taxing Authority Certification I certify the calculations, millages and rates are correct to the best of my knowledge.											
S	Signature of Chief Administrative Officer:		Date:								
I	Electronically Certified By Taxing Authority		7/30/2015 4:28 PM								
G N	Title : ROBERT K. MARTIN, SR. VP/CFO		ame and Contact Title : NE CAMERON, FINANCIAL SERVICES								
H E R	Mailing Address : 1800 NW 49th Street	Physical A 1800 NW	address : 49th Street								
E	City, State, Zip:	Phone Nu	Phone Number : Fax Number :								
	FT LAUDERDALE, FLORIDA 33309	954/473-	473-7012 954/473-7009								



Year: 2015			County:	County: BROWARD							
Principal Authority: NORTH BROWARD HOSPITAL DIST				Taxing Authority: NORTH BROWARD HOSPITAL DIST							
' '			Base Year :	ear:							
Progresso			1995	1995							
SECTION I: COMPLETED BY PROPERTY APPRAISER											
1. Current year taxable value in the tax increment area					\$	892,137,830	(1)				
2.	2. Base year taxable value in the tax increment area				\$	208,260,650	(2)				
3.	Current year tax increment value (Line 1 minus Line 2)				\$	683,877,180	(3)				
4.	Prior year Final taxable value in the tax increment area				\$	719,973,640	(4)				
5.	Prio	year tax increment value (Line 4 minus Line 2)		\$	511,712,990	(5)					
Ç I	GN	Property Appraiser Certification Certi	fy the taxable	values ab	ove are correct to	the best of my knowled	lge.				
	ERE	Cianature of Dranarty Appraisar			Date :						
		Electronically Certified by Property Appraiser		6/29/2015 11:48 AM		8 AM					
SEC	TIOI	III: COMPLETED BY TAXING AUTHORITY Complete	e EITHER line	6 or line	7 as applicable.	Do NOT complete both	۱.				
6. If	the a	mount to be paid to the redevelopment trust fund IS E	BASED on a sp	ecific prop	portion of the tax	increment value:					
6a.	Ente	r the proportion on which the payment is based.			95.00 %	(6a)					
6b.	6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b					649,683,321	(6b)				
6c. Amount of payment to redevelopment trust fund in prior year					\$ 774,838 (6c)						
7. If	the a	mount to be paid to the redevelopment trust fund IS N	NOT BASED or	n a specific	proportion of the	e tax increment value:					
7a.	Amo	ount of payment to redevelopment trust fund in prior y		\$	0	(7a)					
7b.	b. Prior year operating millage levy from Form DR-420, Line 10				0.0000 per \$1,000		(7b)				
7c.		s levied on prior year tax increment value 5 multiplied by Line 7b, divided by 1,000)		\$	0	(7c)					
	d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)					0.00 %	(7d)				
7e.		cated increment value (Line 3 multiplied by the percent If value is zero or less than zero, then enter zero on Li		d)	\$	0	(7e)				
		Taxing Authority Certification I certify the	calculations, m	nillages an	d rates are correct	to the best of my knowle	dge.				
S I		Signature of Chief Administrative Officer:			Date :						
		Electronically Certified By Taxing Authority			7/30/2015 4:28 PM						
N		Title : ROBERT K. MARTIN, SR. VP/CFO		Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES							
F R	1800 NW 49th Street			Physical Address: 1800 NW 49th Street							
E		City, State, Zip:		Phone Number : Fax Number :		Fax Number :					
	FT LAUDERDALE, FLORIDA 33309			954/473-7012 954/473-7009							