



# Agenda Report

2725 Judge Fran Jamieson  
Way  
Viera, FL 32940

## Public Hearing

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H.1.

7/3/2025

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### Subject:

Approval of a Rate Resolution to Impose Non-Ad Valorem Special Assessment for the State's Medicaid Managed Care for Direct Payment Program for Local Hospitals

### Fiscal Impact:

The Non-Ad Valorem Special Assessment Roll to be imposed in the amount of \$74,808,006, levied, collected and enforced solely on private for profit and non-profit local hospitals holding a right of possession and right of use to real property through ownership or lease hold interest in Brevard County. The assessment rate to be levied against each assessed property shall be 2.71% of net inpatient revenue and 9.19% of net outpatient revenue.

The County's administrative costs associated with the implementation, collection and enforcement of the Assessment will be funded by the private for-profit and non-profit hospitals through the Assessment program, in the amount of \$150,000.

### Dept/Office:

Budget Office

### Requested Action:

It is requested that the Board of County Commissioners:

1. Adopt a Rate Resolution that will impose non-ad valorem special assessments against private for-profit and non-profit local hospitals holding a right of possession and right of use to real property in Brevard County for the State's Medicaid Managed Care Fund for Direct Payment Program,
2. Authorize the Chair to sign the Resolution,
3. Authorize the County Manager to execute any necessary budget change requests necessary to implement the non-ad valorem special assessment program for the Medicaid Managed Care for Direct Payment Program for local hospitals and to execute the Letter of Agreement with the State of Florida authorizing the County's participation to this program.

### Summary Explanation and Background:

Representatives from the private for-profit and non-profit local hospitals (Local Hospitals) have requested the County consider the imposition of a non-ad valorem special assessment (Assessment) against real property owned by their Local Hospitals.

The Board on May 18, 2021 adopted Ordinance 21-14 establishing a non-ad valorem assessment program which Assessments will be used to benefit the assessed properties for local services provided by the private for-profit and non-profit hospitals in Brevard County. The Medicaid Managed Care Hospital Direct Payment program is a federally approved program that permits the State of Florida to access federal funds through

Intergovernmental Transfer to direct the federal funds for managed care plan expenditures to hospitals to offset the hospitals' Medicaid shortfall.

The Ordinance provides the method of assessing these properties using the non-ad valorem special assessment as specified in Section 197.3631, Florida Statutes. The noticing requirements of the Ordinance were met, and all property owners were mailed notices of the Assessment on June 13, 2025, and the assessment was advertised on June 18, 2025.

Funds generated as a result of the assessment shall be held in a separate fund called the local provider participation fund, and shall be available to be used only to:

1. Provide to the State Agency for Healthcare Administration the non-federal share for Medicaid payments to be made directly or indirectly in support of hospitals serving Medicaid beneficiaries and
2. Reimburse the County for administrative costs associated with the implementation of the assessment authorized by this division, as further specified in the assessment resolution.

Attached is the Non-Ad Valorem Assessment Roll that will be imposed against the real property owned by private for-profit and non-profit local hospitals in Brevard County. The Assessments will be mailed to the real property owners and become due upon receipt.

### **Clerk to the Board Instructions:**

Please provide copies of the executed Rate Resolution to the County Managers Office, County Attorney Office and the County Budget Office



Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001  
Fax: (321) 264-6972  
Kimberly.Powell@brevardclerk.us

July 7, 2025

**MEMORANDUM**

**TO:** Jill Hayes, Budget Office Director

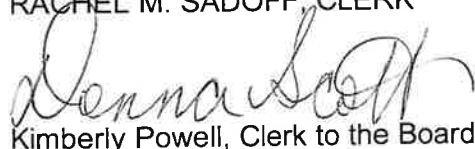
**RE:** Item H.1., Approval of a Rate Resolution to Impose Non-Ad Valorem Special Assessment for the State's Medicaid Managed Care for Direct Payment Program for Local Hospitals

The Board of County Commissioners, in special session on July 3, 2025, adopted Resolution No. 25-049, that will impose non-ad valorem special assessments against private for-profit and non-profit local hospitals holding a right of possession and right of use to real property in Brevard County for the State's Medicaid Managed Care Fund for Direct Payment Program; authorized the Chair to execute the Resolution; and authorized the County Manager to execute any necessary Budget Change Requests necessary to implement the non-ad valorem special assessment program for the Medicaid Managed Care for Direct Payment Program for local hospitals and to execute the Letter of Agreement with the State of Florida authorizing the County's participation to this program. Enclosed is a fully-executed Resolution.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS  
RACHEL M. SADOFF, CLERK

*for:*   
Kimberly Powell, Clerk to the Board

/ns

Encl. (1)

cc: County Manager  
County Attorney  
Finance

**RESOLUTION NO. #2025- 049**

**AN ASSESSMENT RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA, AUTHORIZING AND ADOPTING A NON-AD VALOREM SPECIAL ASSESSMENT WITHIN THE COUNTY LIMITS FOR THE PURPOSE OF BENEFITING ASSESSED PROPERTIES THROUGH ENHANCED MEDICAID PAYMENTS FOR LOCAL SERVICES; FINDING AND DETERMINING THAT CERTAIN REAL PROPERTY IS SPECIALLY BENEFITED BY THE ASSESSMENT; COLLECTING THE ASSESSMENT AGAINST THE REAL PROPERTY; ESTABLISHING A PUBLIC HEARING TO CONSIDER IMPOSITION OF THE PROPOSED ASSESSMENT AND THE METHOD OF ITS COLLECTION; AUTHORIZING AND DIRECTING THE PUBLICATION OF NOTICES IN CONNECTION THEREWITH; PROVIDING FOR CERTAIN OTHER AUTHORIZATIONS AND DELEGATIONS OF AUTHORITY AS NECESSARY; AND PROVIDING AN EFFECTIVE DATE.**

**WHEREAS**, hospitals in Brevard County's jurisdiction (the "Hospitals") annually provide millions of dollars of uncompensated care to uninsured persons and those who qualify for Medicaid because Medicaid, on average, covers only 60% of the costs of the health care services provided by Hospitals to Medicaid-eligible persons, leaving hospitals with significant uncompensated costs; and

**WHEREAS**, the State of Florida (the "State") received federal authority to establish the Statewide Medicaid Managed Care Hospital directed payment program (the "DPP") to offset hospitals' uncompensated Medicaid costs and improve quality of care provided to Florida's Medicaid population; and

**WHEREAS**, Hospitals have asked Brevard County (the "County") to impose a non-ad valorem special assessment upon certain real property interests held by the Hospitals to help finance the non-federal share of the DPP; and

**WHEREAS**, the only real properties interests that will be subject to the non-ad valorem assessments authorized herein are those belonging to the Hospitals; and

**WHEREAS**, the County recognizes that one or more of the Hospitals within the County's boundaries may be located upon real property leased from governmental entities and that such Hospitals may be assessed because courts do not make distinctions on the application of special assessments based on "property interests" but rather on the distinction of the classifications of real property being assessed; and

**WHEREAS**, the funding raised by the County assessment will, through intergovernmental transfers (“IGTs”) provided consistent with federal guidelines, support additional funding for Medicaid payments to Hospitals; and

**WHEREAS**, the County acknowledges that the Hospital properties assessed will benefit directly and especially from the assessment as a result of the above-described additional funding provided to said Hospitals; and

**WHEREAS**, the County has determined that a logical relationship exists between the services provided by the Hospitals, which will be supported by the assessment, and the special and particular benefit to the real property of the Hospitals; and

**WHEREAS**, the County has an interest in promoting access to health care for its low-income and uninsured residents; and

**WHEREAS**, leveraging additional federal support through the above-described IGTs to fund Medicaid payments to the Hospitals for health care services directly and specifically benefits the Hospitals’ property interests and supports their continued ability to provide those services; and

**WHEREAS**, imposing an assessment limited to Hospital properties to help fund the provision of these services and the achievement of certain quality standards by the Hospitals to residents of the County is a valid public purpose that benefits the health, safety, and welfare of the citizens of the County; and

**WHEREAS**, the assessment ensures the financial stability and viability of the Hospitals providing such services; and

**WHEREAS**, the Hospitals are important contributors to the County’s economy, and the financial benefit to these Hospitals directly and specifically supports their mission, as well as their ability to grow, expand, and maintain their facilities in concert with the population growth in the jurisdiction of the County; and

**WHEREAS**, the Board finds the assessment will enhance the Hospitals’ ability to grow, expand, maintain, improve, and increase the value of their Brevard County properties and facilities under all present circumstances and those of the foreseeable future; and

**WHEREAS**, the County is proposing a properly apportioned assessment by which all Hospitals will be assessed at a uniform rate that is compliant with 42 C.F.R. § 433.68(d); and

**WHEREAS**, on May 18, 2021, the Board of County Commissioners adopted Ordinance No. 21-14, enabling the County to levy a uniform non-ad valorem special assessment, which is fairly and reasonably apportioned among the Hospitals’ property interests within the County’s jurisdictional limits, to establish and maintain a system of funding for IGTs to support the non-federal share of Medicaid payments, thus directly and specially benefitting Hospital properties.

**WHEREAS**, pursuant to Section 102-264 of the Brevard County Code of Ordinances, the County will execute an agreement with the State of Florida in order to collect the assessment.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA:**

**Section 1. Definitions.** As used in this Resolution, the following capitalized terms, not otherwise defined herein or in the Ordinance, shall have the meanings below, unless the context otherwise requires.

*Assessed Property* means the real property in the County to which an Institutional Health Care Provider holds a right of possession and right of use through an ownership or leasehold interest, thus making the property subject to the Assessment.

*Assessment* means a non-ad valorem special assessment imposed by the County on Assessed Property to fund the non-federal share of Medicaid and Medicaid managed care payments that will benefit hospitals providing Local Services in the County.

*Assessment Coordinator* means the person appointed to administer the Assessment imposed pursuant to this Article, or such person's designee.

*Board* means the Board of County Commissioners of Brevard County, Florida.

*Comptroller* means the Brevard County Comptroller, ex officio Clerk to the Board, or other such person as may be duly authorized to act on such person's behalf.

*County* means Brevard County, Florida.

*Fiscal Year* means the period commencing on October 1 of each year and continuing through the next succeeding September 30, or such other period as may be prescribed by law as the fiscal year for the County.

*Institutional Health Care Provider* means a private for-profit or not-for-profit hospital that provides inpatient hospital services.

*Local Services* means the provision of health care services to Medicaid, indigent, and uninsured members of the Brevard County community.

*Non-Ad Valorem Assessment Roll* means the special assessment roll prepared by the County.

*Ordinance* means the Brevard County Local Provider Participation Fund Ordinance codified in Chapter 102, Article IV, Division 4 of the Brevard County Code of Ordinances.

**Section 2. Authority.** Pursuant to Article VIII, Section 1(g) of the Constitution of the State of Florida, Chapter 125 of the Florida Statutes, and the Brevard County Local Provider

Participation Fund Ordinance, the County is hereby authorized to impose a special assessment against private for-profit and not-for-profit hospitals located within the County to fund the non-federal share of Medicaid payments associated with Local Services.

**Section 3. Special Assessment.** The non-ad valorem special assessment discussed herein shall be imposed, levied, collected, and enforced against Assessed Properties located within the County. Proceeds from the Assessment shall be used to benefit Assessed Properties through a directed payment program that will benefit the Assessed Properties for Local Services.

When imposed, the Assessment shall constitute a lien upon the Assessed Properties owned by Hospitals and/or a lien upon improvements on the Property made by Hospital leaseholders equal in rank and dignity with the liens of all state, county, district, or municipal taxes and other non-ad valorem assessments. Payments made by Assessed Properties may not be passed along to patients of the Assessed Property as a surcharge or as any other form of additional patient charge. Failure to pay may cause foreclosure proceedings, which could result in loss of title, to commence.

**Section 4. Assessment Scope, Basis, and Use.** Funds generated from the Assessment shall be used only to:

1. Provide to the Florida Agency for Health Care Administration the non-federal share for Medicaid managed care hospital directed payments to be made directly or indirectly in support of hospitals serving Medicaid beneficiaries; and
2. Reimburse the County for administrative costs associated with the implementation of the Assessment authorized by the Ordinance.

If, at the end of the Fiscal Year, additional amounts remain in the local provider participation fund, the Board is hereby authorized either (a) to retain such amounts in the fund to transfer to the Agency in the next fiscal year for use as the non-federal share of Medicaid hospital payments, or (b) if requested to do so by the Assessed Properties, to refund to Assessed Properties, in proportion to amounts paid in during the Fiscal Year, all or a portion of the unutilized local provider participation fund.

If, after the Assessment funds are transferred to the Agency, the Agency returns some or all of the transferred funding to the County (including, but not limited to, a return of the non-federal share after a disallowance of matching federal funds), the Board is hereby authorized to refund to Assessed Properties, in proportion to amounts paid in during the Fiscal Year, the amount of such returned funds.

In the event there are not sufficient funds in the Local Provider Participation Fund to make the required transfer for the non-federal share for the Medicaid hospital payment as required by the Agency's formal invoice, the transfer will not be made and the County may return all funds to the Assessed Properties.

**Section 5. Computation of Assessment.** The Assessment shall equal 2.71% of net inpatient revenue and 9.19% of net outpatient revenue for each Assessed Property specified in the

attached Non-Ad Valorem Assessment Roll. The amount of the Assessment required of each Assessed Property may not exceed an amount that, when added to the amount of other hospital assessments levied by the state or local government, exceeds the maximum percent of the aggregate net patient revenue of all Assessed Hospitals in the County permitted by 42 C.F.R. § 433.68(f)(3)(i)(A). Assessments for each Assessed Property will be derived from data contained in cost reports and/or in the Florida Hospital Uniform Reporting System, as available from the Florida Agency for Health Care Administration.

**Section 6. Timing and Method of Collection.** The amount of the assessment is to be collected pursuant to the Alternative Method outlined in §197.3631, Fla Stat.

The County shall provide Assessment bills by first class mail to the owner of each affected Hospital. The bill or accompanying explanatory material shall include: (1) a reference to this Resolution, (2) the total amount of the hospital's Assessment for the appropriate period, (3) the location at which payment will be accepted, (4) the date on which the Assessment is due, and (5) a statement that the Assessment constitutes a lien against assessed property and/or improvements equal in rank and dignity with the liens of all state, county, district or municipal taxes and other non-ad valorem assessments.

No act of error or omission on the part of the Comptroller, Property Appraiser, Tax Collector, Assessment Coordinator, Board, or their deputies or employees shall operate to release or discharge any obligation for payment of the Assessment imposed by the Board under the Ordinance and this resolution.

**Section 7. Obligation to Make Payment.** Institutional Health Care Providers are under no obligation to make payment until the Centers for Medicare & Medicaid Services (CMS) approves Florida's preprint for the hospital directed payment program for the period or periods starting October 1, 2024, and concluding September 30, 2025.

**Section 8. Public Hearing.** The Board has heard and considered objections of all interested persons prior to rendering a decision on the Assessment and attached Non-Ad Valorem Assessment Roll.

**Section 9. Responsibility for Enforcement.** The County and its agent, if any, shall maintain the duty to enforce the prompt collection of the Assessment by the means provided herein. The duties related to collection of assessments may be enforced at the suit of any holder of obligations in a court of competent jurisdiction by mandamus or other appropriate proceedings or actions.

**Section 10. Severability.** If any clause, section, or provision of this resolution is declared unconstitutional or invalid for any reason or cause, the remaining portion hereof shall be in full force and effect and shall be valid as if such invalid portion thereof had not been incorporated herein.

**Section 11. Effective Date.** This Resolution to be effective immediately upon adoption. This Resolution duly adopted this 3<sup>rd</sup> day of July 2025.

DONE, ORDERED AND ADOPTED this 3<sup>rd</sup> day of July 2025.

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
BREVARD COUNTY, FLORIDA



Rachel M. Sadoff, Clerk  
(SEAL)



Rob Feltner, Chairman  
As approved by the Board on July 3, 2025

Reviewed for legal form and content:



Morris Richardson, County Attorney

# Non-Ad Valorem Assessment Roll

MCD ID #	Organization	Facility	Hospital Address	SFY2026 Assessment of IP NPR: 2.71%	SFY2026 Assessment of OP NPR: 9.19%	Mandatory Payment
12042100	Encompass Health	Sea Pines Rehabilitation Hospital	101 E. Florida Ave., Melbourne, FL 32901	\$ 1,145,163	\$ -	\$ 1,145,163
10009900	Health First	Cape Canaveral Hospital	701 W. Cocoa Beach Causeway, Cocoa Beach, FL 32931	2,199,819	8,791,220	10,991,039
10008100	Health First	Holmes Regional Medical Center	1350 Hickory St., Melbourne, FL 32901	12,163,761	16,982,813	29,146,574
3297500	Health First	Palm Bay Hospital	1425 Malabar Rd., Palm Bay, FL 32907	2,064,083	8,342,587	10,406,670
3158800	Health First	Viera Hospital	8745 N. Wickham Rd., Melbourne, FL 32940	1,857,740	10,136,882	11,994,622
16552300	Independent	Circles of Care	400 E. Sheridan Rd., Melbourne, FL 32901	513,750	669,828	1,183,578
1681500	Kindred Healthcare	Kindred Hospital Melbourne	765 W. NASA Blvd., Melbourne, FL 32901	797,139	9,178	806,317
10320900	Orlando Health	Orlando Health Melbourne Hospital	250 N. Wickham Rd., Melbourne, FL 32935	1,439,013	7,381,598	8,820,611
101334000	UHS	Palm Point Behavioral Health	2355 Truman Scarborough Way, Titusville, FL 32796	277,960	35,472	313,432

**County Phone Number:** (321) 633-2000

**BCC Address:** Viera Government Center, 2725 Judge Fran Jamieson Way, Viera, FL 32940

**Ordinance Date:** May 18, 2021

**Resolution Date:** July 3, 2025 at 9:00 AM

**Disability Contact:** Brian Breslin, ADA Coordinator, at 321-637-5347 or brian.breslin@brevardfl.gov, or ADAcompliance@brevardfl.gov

**Mandatory Payments Due Date:** Upon County's request pursuant to Section 7 of the Resolution

**County LPPF Contact:** Mark Peterson, Mark.Peterson@brevardclerk.us or 321-637-2002, ext. 49225 for wiring instructions.

\$ 74,808,006

**ORDINANCE NO. 21- 14**

**AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA, AMENDING CHAPTER 102. TAXATION. OF THE BREVARD COUNTY CODE OF ORDINANCES. AT ARTICLE IV. AD VALOREM PROPERTY TAXATION. IN ORDER TO CREATE A NEW DIVISION 4. BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND NON-AD VALOREM ASSESSMENT. IN ORDER TO ESTABLISH A NON-AD VALOREM ASSESSMENT FOR THE MEDICAID MANAGED CARE HOSPITAL DIRECTED PAYMENT PROGRAM AND IN ORDER TO CREATE A BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND UNDER THE AUTHORITY OF SECTION 1(G), ARTICLE VIII OF THE CONSTITUTION OF THE STATE OF FLORIDA AND THE BREVARD COUNTY HOME RULE CHARTER; FURTHER ESTABLISHING THE METHOD OF SETTING AND COMPUTING ANNUAL NON-AD VALOREM SPECIAL ASSESSMENTS TO BE DEPOSITED INTO THE FUND AND SPECIFYING AUTHORIZED USES FOR THE FUND PROCEEDS; PROVIDING FOR SEVERABILITY, CONFLICTS, AREA ENCOMPASSED, PROVIDING FOR AN EFFECTIVE DATE AND INCLUSION IN CODE.**

**WHEREAS**, the private for-profit and not-for-profit hospitals in Brevard County (the "Hospitals") annually provide millions of dollars of uncompensated care to persons who qualify for Medicaid because Medicaid, on average, covers only 60% of the costs of the health care services actually provided by Hospitals to Medicaid eligible persons, leaving the Hospitals with significant uncompensated costs ("Medicaid shortfall"); and

**WHEREAS**, the State of Florida (the "State") is seeking federal authority to establish the Statewide Medicaid Managed Care hospital directed payment program (the "DPP") to offset hospitals' Medicaid shortfall and improve quality of care provided to Florida's Medicaid population; and

**WHEREAS**, the Hospitals have asked Brevard County (the "County") to impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program; and

**WHEREAS**, the only properties to be assessed are the real property sites of the Hospitals; and

**WHEREAS**, the County recognizes that one or more Hospitals within the County's boundaries may be located upon real property leased from governmental entities and that such Hospitals may be assessed because courts do not make distinctions on the application of special assessments based on "property interests" but rather on the distinction of the classifications of real property being assessed; and

Officially filed with the Secretary of the State on May 28, 2021.

**WHEREAS**, the funding raised by the County assessment will support, through intergovernmental transfers ("IGTs") consistent with federal guidelines, additional funding for Medicaid payments to Hospitals to address the Medicaid shortfall; and

**WHEREAS**, the County acknowledges that the Hospital properties assessed will benefit directly and especially from the assessment as a result of the above-described additional funding provided to said Hospitals; and

**WHEREAS**, the County has determined that a logical relationship exists between the Medicaid services provided by the Hospitals, which will be supported by the assessment, and the special and particular benefit to the real property of the Hospitals; and

**WHEREAS**, the County has an interest in promoting access to health care for its low-income and under-insured residents; and

**WHEREAS**, leveraging additional federal support through the above-described IGTs to fund payments to the Hospitals for health care services provided to Medicaid-eligible persons directly and specifically benefits the Hospitals' properties and supports their continued ability to provide those services; and

**WHEREAS**, imposing an assessment limited to Hospital properties to help fund the provision of Medicaid services and the achievement of certain quality standards by the Hospitals to residents of the County is a valid public purpose that benefits the health, safety, and welfare of the citizens of the County; and

**WHEREAS**, the assessment ensures the financial stability and viability of the Hospitals providing Medicaid services; and

**WHEREAS**, the Hospitals are important contributors to the overall County's economy, and the financial benefit to these Hospitals directly and specifically supports their mission, as well as their ability to grow, expand, and maintain their facilities in concert with the population growth in the jurisdiction of the County; and

**WHEREAS**, the County finds the assessment will enhance the Hospitals' ability to grow, expand, maintain, improve, and increase the value of their properties and facilities under all present circumstances and those of the foreseeable near future; and

**WHEREAS**, the County is proposing a properly apportioned assessment by which all Hospitals will be assessed a uniform amount that is compliant with 42 C.F.R. § 433.68(d); and

**WHEREAS**, the County adopts this Ordinance enabling the County to levy a non-ad valorem assessment, which is fairly and reasonably apportioned among the private

for-profit and not-for-profit Hospitals' properties within the County's jurisdictional limits, to establish and maintain a system of funding for IGTs to support the non-federal share of Medicaid payments that will directly and specially benefit Hospital properties.

**NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA:**

**SECTION 1.** Chapter 102. Taxation., of the Brevard County Code of Ordinances, is hereby amended, at Article IV. Ad Valorem Property Taxation. in order to create a new Division 4. entitled Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment., and said new Division 4. shall read as follows:

**Division 4. Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment.**

**Sec. 102-242. - Definitions.**

When used in this Ordinance, the following terms shall have the meanings below, unless the context clearly requires otherwise:

**Annual Final Assessment Resolution** means the resolution imposing an Assessment and which shall memorialize the final rate applicable for the Fiscal Year.

**Assessed Property** means an Institutional Health Care Provider holding a right of possession and right of use to real property in the County through an ownership or leasehold interest, thus making the Property subject to the Assessment. Each separate ownership interest shall be a separate assessment district.

**Assessment** means a non-ad valorem special assessment imposed by the County on Institutional Health Care Providers located in the County limits to fund the non-federal share of Medicaid and Medicaid managed care payments directed to hospitals providing Local Services in the County.

**Assessment Resolution** means the resolution described in Section 102-247 hereof.

**Board** means the Board of County Commissioners of Brevard County, Florida.

**Charter** shall mean the home rule charter of Brevard County, Florida.

**Comptroller** means the Brevard County Comptroller, ex officio Clerk to the Board, or other such person duly authorized to act on such person's behalf.

**County** means Brevard County, Florida.

**Fiscal Year** means the period commencing on October 1 of each year and continuing through the next succeeding September 30, or such other period as may be prescribed by law as the fiscal year for the County.

**Institutional Health Care Provider** means a private for-profit or not-for-profit hospital that provides inpatient hospital services.

**Local Services** means the provision of inpatient and outpatient hospital services to Medicaid, indigent, and uninsured members of the Brevard County community.

**Medicaid Managed Care Hospital Directed Payment Program** is a federally approved program that permits the State of Florida to access federal funds through Intergovernmental Transfers (IGTs) in order to direct the federal funds for managed care plan expenditures to hospitals for plan-covered services and offset the hospitals' Medicaid Shortfall.

**Non-Ad Valorem Assessment Roll** means the special assessment roll prepared by the County.

**Ordinance** means the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance.

**Sec. 102-243. -Purpose.**

The non-ad valorem special assessment authorized by this division shall be imposed, levied, collected, and enforced against Assessed Properties located within the County. Proceeds from the Assessment shall be used to benefit the Assessed Properties for Local Services. When imposed, the Assessment shall constitute a lien upon the Assessed Properties equal in rank and dignity with the liens of all state, county, district, or municipal taxes and other non-ad valorem assessments. Failure to pay an Assessment may cause a lien to be filed against the Assessed Property or the commencement of foreclosure proceedings. The Assessment shall be computed and assessed only in the manner provided in this Ordinance.

**Sec.102-244. – Method of collection.**

This Ordinance shall be deemed to provide a method, as specified in § 197.3631, Florida Statutes, for the assessment and collection of the non-ad valorem special assessment described herein. Prior to the imposition of an assessment the County shall have a fully executed Agreement with the State of Florida. The Ordinance shall be regarded as supplemental and additional to powers conferred by other laws and shall not be regarded as in derogation of any powers now existing, or which may exist hereafter. This Ordinance, being necessary for the health, safety, and welfare of the inhabitants of the County, shall be liberally construed to effect the purposes hereof.

**Sec. 102-245. - Scope of Assessment.**

Pursuant to § 125.01, Fla. Stat., there is hereby created a non-ad valorem special assessment that shall be imposed, levied, collected, and enforced against Assessed Property to fund the non-federal share of Medicaid payments benefitting Assessed Properties providing Local Services in the County. Funds generated as a result of the Assessment shall be held in a separate fund called the local provider participation fund and shall be available to be used only to: (1) provide to the Florida Agency for Health Care Administration the non-federal share for Medicaid payments to be made directly or indirectly in support of hospitals serving Medicaid beneficiaries and (2) reimburse the County for administrative costs associated with the implementation of the Assessment authorized by this Ordinance, as further specified in the Assessment Resolution.

The Assessment will be broad based, and the amount of the Assessment must be uniformly imposed on each Assessed Property. The Assessment may not hold harmless any Institutional Health Care Provider, as required under 42 U.S.C. § 1396b(w). As set forth in Section 102-243, the Assessment shall constitute a lien upon the Assessed Properties equal in rank and dignity with the liens of all state, county, district, or municipal taxes and other non-ad valorem assessments.

The Assessment shall be imposed, levied, collected, and enforced against only Assessed Properties, and the Assessment Resolution shall provide that the County's administrative costs shall be reimbursed from the collected amounts. The County's administrative costs shall not exceed \$150,000. Any reasonable expenses the County incurs to collect delinquent assessments, including any attorney's fees incurred as a result of contracting with an attorney to represent the county in seeking and enforcing the collection of delinquent assessments, are not subject to the limitation on administrative costs.

**Sec. 102-246. - Computation of Assessment.**

The annual Assessment shall be specified for each Assessed Property. The Board shall set the Assessment in amounts that, in the aggregate, will generate sufficient revenue to fund the non-federal share of Medicaid payments associated with Local Services to be funded by the Assessment.

The amount of the Assessment required of each Assessed Property may not exceed an amount that, when added to the amount of other required assessments, exceeds the maximum percent of the aggregate net patient revenue of all Assessed Hospitals in the County permitted by 42 C.F.R. § 433.68(f)(3)(i)(A). Assessments for each Assessed Property will be derived from data contained in the Florida Hospital Uniform Reporting System, as available from the Florida Agency for Health Care Administration.

**Sec. 102-247. - Assessment Resolution.**

The Assessment Resolution shall describe (a) the Medicaid payments proposed for funding from proceeds of the Assessment, (b) the benefits to the Assessed Properties associated with the Assessment, (c) the methodology for computing the assessed amounts, and (d) the method of collection, including how and when the Assessment must be paid.

**Sec. 102-248. - Non-Ad Valorem Assessment Roll.**

The County shall prepare, or direct the preparation of, the Non-Ad Valorem Assessment Roll, which shall contain the following:

- (a) The names of the property owners for the Assessed Properties; and
- (b) The Assessment rate and amount of the Assessment to be imposed against each Assessed Property based on the Assessment Resolution.

**Sec. 102-249. - Notice by Publication.**

Upon completion of the Non-Ad Valorem Assessment Roll, the County shall publish once in a newspaper of general circulation within the County a notice stating that the Board, at a regular, adjourned, or special meeting on a certain day and hour, not earlier than 20 calendar days from such publication. Such notice shall include:

- (a) The Assessment rate;
- (b) The procedure for objecting to the Assessment rate;
- (c) The method by which the Assessment will be collected; and
- (d) A statement that the Non-Ad Valorem Special Assessment Roll is available for inspection at the Office of the County.

**Sec. 102-250. - Notice by Mail.**

In addition to the published notice required by Section 102-249, for the first fiscal year and for any assessment that will exceed a prior year's Assessment rate imposed by the Board against Assessed Properties, the County shall provide notice of the proposed Assessment by first class mail to the Assessed Properties. Such notice shall include:

- (a) The purpose of the Assessment;
- (b) The Assessment rate to be levied against each Assessed Property;
- (c) The unit of measurement applied to determine the Assessment;

- (d) The total revenue to be collected by the County from the Assessment;
- (e) A statement that failure to pay the Assessment will cause a lien to be filed against the property or foreclosure proceedings, either of which may result in a loss of title to the property; and
- (f) The date, time, and place of the hearing.

Notice shall be mailed at least 20 calendar days prior to the hearing to each Assessed Property at such address as is shown on the Assessment Roll. Notice shall be deemed mailed upon delivery thereof to the possession of the United States Postal Service. The County may provide proof of such notice by affidavit. Failure of the Assessed Property to receive such notice, because of mistake or inadvertence, shall not affect the validity of the Assessment Roll or release or discharge any obligation for payment of the Assessment imposed by the Board pursuant to this Article.

**Sec. 102-251. - Adoption of Assessment Resolution and Non-Ad Valorem Assessment Roll.**

At the date and time named in the notice, if there is no objection from any property owner subject to the Assessment, the Board may adopt the Assessment Resolution and Non-Ad Valorem Assessment Roll which shall:

- (a) Set the rate of the Assessment to be imposed on the specific parcels of land constituting the districts;
- (b) Approve the Non-Ad Valorem Assessment Roll, with such amendments as it deems just and right; and
- (c) Affirm the method of collection.

**Sec. 102-252. - Annual Final Assessment Resolution.**

The Board may revise the Non-Ad Valorem Assessment Roll during the Fiscal Year to modify the Assessment rate. In the event of a revision, the Board must adopt an Annual Final Assessment Resolution during the Fiscal Year to memorialize the final rate applicable for the Fiscal Year.

**Sec. 102-253. - Effect of Annual Final Assessment Resolution.**

The adoption of the Annual Final Assessment Resolution shall be the final adjudication of the issues presented (including, but not limited to, the method of apportionment and Assessment, the Assessment rate, the initial rate of Assessment, the Non-Ad Valorem

Assessment Roll, and the levy and lien of the Assessments), unless proper steps shall be initiated in a court of competent jurisdiction to secure relief within 20 days from the date of Board action on the Annual Final Assessment Resolution.

**Sec. 102-254. - Method of Collection.**

The amount of the assessment is to be collected pursuant to the Section 197.3631, Florida Statutes, as amended, and as specified in the Assessment Resolution.

**Sec. 102-255. - Refunds.**

If, at the end of the Fiscal Year, additional amounts remain in the local provider participation fund, the Board is hereby authorized to make a refund to Assessed Properties in proportion to amounts paid in during the Fiscal Year for all or a portion of the unutilized local provider participation fund.

**Sec. 102-256. - Responsibility for Enforcement.**

The County shall enforce the prompt collection of the Assessment by the means provided herein. The duties related to collection of assessments may be enforced by any holder of obligations in a court of competent jurisdiction by mandamus or other appropriate proceedings or actions.

**Sec. 102-257.- Hold Harmless and Indemnification.**

The Hospitals that are subject to this Ordinance have requested adoption of this Ordinance and have given assurances to the County that the objectives and procedures addressed in this Ordinance are proper and lawful. Accordingly, the Hospitals that are the subject of this Ordinance shall execute a Hold Harmless and Indemnification Form, a copy of which is attached hereto and incorporated by this reference and may be modified in the sole discretion of the County, prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution whereby the Hospitals indemnify and hold harmless the County and its officers, employees and agents from any and all claims including the costs and fees associated with the defense of such claims, that may arise in the event that the objectives and procedures of this Ordinance are challenged by any person, entity, or governmental agency.

**Sec. 102-258. - Correction of Errors and Omissions.**

No error or omission on the part of the Board or its employees shall operate to release or discharge any obligation for payment of the Assessment imposed by the Board under the provision of this Chapter.

**SECTION 2. AREA ENCOMPASSED.**

It is hereby intended that this Ordinance shall constitute a uniform law applicable in all unincorporated areas of Brevard County, Florida, and to all incorporated areas of Brevard County where there is no existing conflict of law or municipal ordinance.

### **SECTION 3. SEVERABILITY.**

If any section, subsection, sentence, clause or provision of this Ordinance shall be declared invalid, the remainder of this Ordinance shall be construed as not having contained said section, subsection, sentence, clause or provision and shall not be affected by such holding.

### **SECTION 4. CONFLICT.**

All resolutions, ordinances, and agreements or parts thereof that may be determined to be in conflict with this ordinance are repealed.

### **SECTION 5. EFFECTIVE DATE.**

A certified copy of this ordinance shall be filed with the Office of the Secretary of State, State of Florida within ten (10) days of enactment. This Ordinance shall take effect upon adoption and filing pursuant to law.

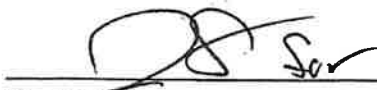
### **SECTION 6. INCLUSION IN THE BREVARD COUNTY CODE.**

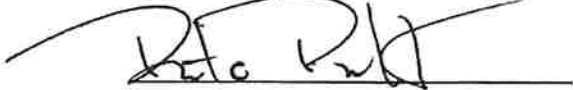
It is the intention of the Board of County Commissioners that the provisions of this ordinance shall become and be made a part of the Code of Ordinances of Brevard County, Florida; and that the sections of this ordinance may be renumbered or re-lettered and that the word "ordinance" may be changed to "section," "article," or such other appropriate word or phrase in order to accomplish such intentions.

**DONE, ORDERED AND ADOPTED**, in Regular Session, this 18 day of May, 2021.

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
BREVARD COUNTY, FLORIDA

  
\_\_\_\_\_  
Rachel M. Sadoff, Clerk  
(SEAL)

  
\_\_\_\_\_  
Rita Pritchett, Chair

As approved by the Board on May 18, 2021

A5.

## **Exhibit A**

### **HOLD HARMLESS AND INDEMNIFICATION**

**WHEREAS**, Kindred Hospital Melbourne, with a business address of 765 West Nasa, Melbourne (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 14 day of May, 2021.

HOSPITAL:

WITNESSES:

Roseanne Patton

Printed Name:

Jennifer Tomazinis

Printed Name:

Pamela Reed

Signature

Title: CEO

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or    online notarization, this 14 day of May, 2021 by Pamela

Reed \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

(NOTARY SEAL)



SHAUNDALIA BLACK

Notary Public

Shaundale P. Black

Name Typed, Printed or Stamped

My Commission Expires: 1/24/2025

## **NOTICE OF SPECIAL ELECTION**

Notice is hereby given to the electors that a special election will be held for the purpose of voting on the proposed Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment.

DATE: Week of May 10, 2021  
PLACE: Ballots to be Returned by Mail or In Person:

County Manager's Office  
c/o Katherine Wall  
2725 Judge Fran Jamieson Way  
Viera, FL 32940

Each elector may vote in person or by written proxy. At said special election, each elector or his or her proxy shall be entitled to cast one vote.

If a hospital does not return the ballot by **12:00 pm on Friday, May 14, 2021**, the hospital will be deemed to have abstained from participation in the special election.

**OFFICIAL BALLOT**  
**SPECIAL ELECTION- May 14, 2021**

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Pamela Reed, CEO, as an elector, or as the proxy holder of Kindred Hospital Melbourne (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND  
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES   x  

NO           

Date: May 14, 2021

Signed: 

Printed Name: Pamela Reed, CEO

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS  
AND  
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

**WHEREAS**, Kindred Hospital Melbourne, with a business address of 765 West Nasa Blvd (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

**WHEREAS**, Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

**WHEREAS**, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 14 day of May, 2021.

HOSPITAL:

WITNESSES:

Diana Repoli

Printed Name:

Pamela Reed

Signature

Title:

CEO

Andronica Stockton

Printed Name:

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 14 day of MAY, 2021, by Pamela Reed, who is personally known to me or who has produced \_\_\_\_\_ as identification.

(NOTARY SEAL)



SPBLACK

Notary Public

SHAUNDALE BLACK

**Exhibit A**

**HOLD HARMLESS AND INDEMNIFICATION**

**WHEREAS**, Palm Point Behavioral Health, with a business address of 2355 Truman Scarborough Way (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 13<sup>th</sup> day of May, 2021.

HOSPITAL:

WITNESSES:

Juana Giralt, Juana B. Giralt  
Printed Name:

[Signature]  
Signature

Title: CEO

Ann Spariosu, Ann Spariosu  
Printed Name:

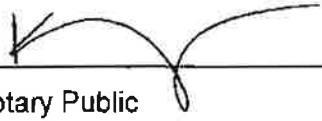
STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ✓ physical presence or     online notarization, this 13<sup>th</sup> day of May, 2021 by

Thomas mahle, who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

(NOTARY SEAL)



  
\_\_\_\_\_  
Notary Public

Kelsi Leroy  
\_\_\_\_\_

Name Typed, Printed or Stamped

My Commission Expires: 9/17/2024

### **NOTICE OF SPECIAL ELECTION**

Notice is hereby given to the electors that a special election will be held for the purpose of voting on the proposed Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment.

DATE: Week of May 10, 2021  
PLACE: Ballots to be Returned by Mail or In Person:

County Manager's Office  
c/o Katherine Wall  
2725 Judge Fran Jamieson Way  
Viera, FL 32940

Each elector may vote in person or by written proxy. At said special election, each elector or his or her proxy shall be entitled to cast one vote.

If a hospital does not return the ballot by 12:00 pm on Friday, May 14, 2021, the hospital will be deemed to have abstained from participation in the special election.

**OFFICIAL BALLOT**  
**SPECIAL ELECTION- May 13, 2021**

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Thomas Mahle, as an elector, or as the proxy holder of Palm Point BH (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND  
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES ☒

NO ☐

Date: 5-13-2021

Signed: 

Printed Name: Thomas Mahle

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS  
AND  
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

**WHEREAS**, Palm Point Behavioral Health, with a business address of 2355 Truman Scarborough Way (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

**WHEREAS**, Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

**WHEREAS**, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 13<sup>th</sup> day of may, 2021.

HOSPITAL:

WITNESSES:

Juana S. Giralt, Juana Giralt

Printed Name:

[Signature]

Signature

Title: CEO

Ann Spariosu Ann Spariosu

Printed Name:

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ✓ physical presence or     online notarization, this 13<sup>th</sup> day of may, 2021, by Thomas Mahle, who is personally known to me or who has produced     as identification.

(NOTARY SEAL)



[Signature], Kelsi Leroy  
Notary Public

**Exhibit A**

**HOLD HARMLESS AND INDEMNIFICATION**

**WHEREAS**, Rockledge Regional MC, with a business address of 110 Longwood Ave (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

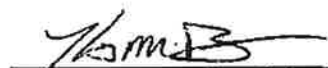
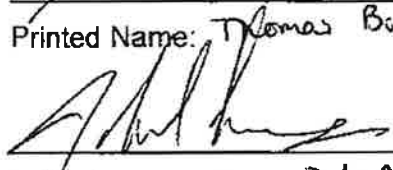
Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad


Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11<sup>th</sup> day of May, 2021.

HOSPITAL:

WITNESSES:

  
Printed Name: Thomas Bowden  
  
Printed Name: James Dale Armour

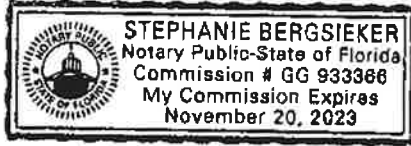
  
Signature  
Title: President

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or    online notarization, this 11<sup>th</sup> day of May, 2021, by Andy

Romine, who is personally known to me ~~or who has produced~~  
~~as identification.~~

(NOTARY SEAL)



[Signature]  
Notary Public

Stephanie Bergsieker  
Name Typed, Printed or Stamped  
My Commission Expires: 11/20/2023

### **NOTICE OF SPECIAL ELECTION**

Notice is hereby given to the electors that a special election will be held for the purpose of voting on the proposed Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment.

DATE: Week of May 10, 2021  
PLACE: Ballots to be Returned by Mail or In Person:

County Manager's Office  
c/o Katherine Wall  
2725 Judge Fran Jamieson Way  
Viera, FL 32940

Each elector may vote in person or by written proxy. At said special election, each elector or his or her proxy shall be entitled to cast one vote.

If a hospital does not return the ballot by 12:00 pm on Friday, May 14, 2021, the hospital will be deemed to have abstained from participation in the special election.

**OFFICIAL BALLOT**  
**SPECIAL ELECTION- \_\_\_\_\_, 2021**

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Andy Remine, as an elector, or as the proxy holder of RRMC (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND  
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES ✓

NO       

Date: 5/11/21

Signed: 

Printed Name: Andy Remine

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS  
AND  
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

**WHEREAS,** Rockledge Regional M.C., with a business address of 110 Longwood Ave. (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS,** Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

**WHEREAS,** Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

**WHEREAS**, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11<sup>th</sup> day of May, 2021.

HOSPITAL:

WITNESSES:

Thomas Bowden  
Printed Name: Thomas Bowden

Andy Romine  
Signature  
Title: President

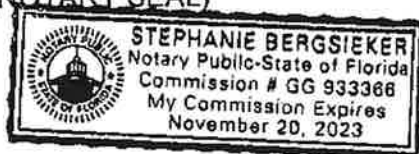
James Dale Armour  
Printed Name: James Dale Armour

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or \_\_\_ online notarization, this 11<sup>th</sup> day of May, 2021, by Andy Romine, who is personally known to me ~~or who has produced~~ \_\_\_ as identification.

(NOTARY SEAL)



[Signature]  
Notary Public

**Exhibit A**

**HOLD HARMLESS AND INDEMNIFICATION**

**WHEREAS**, Melbourne Regional M.C., with a business address of 250 N. Wickham Rd. (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.


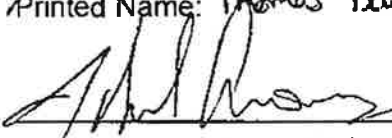
Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad


Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11<sup>th</sup> day of May, 2021.

HOSPITAL:

WITNESSES:

  
Printed Name: Thomas Bowler  
  
Printed Name: James Dale Armour

 with Power  
Signature  
Title: FL Market President


STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or     online notarization, this 11<sup>th</sup> day of May, 2021, by Daniel

Knell, who is personally known to me ~~or who has produced~~  
~~as identification.~~

(NOTARY SEAL)





Notary Public

Stephanie Bergsieker

Name Typed, Printed or Stamped

My Commission Expires: 11/20/2023

### **NOTICE OF SPECIAL ELECTION**

Notice is hereby given to the electors that a special election will be held for the purpose of voting on the proposed Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment.

DATE: Week of May 10, 2021  
PLACE: Ballots to be Returned by Mail or In Person:

County Manager's Office  
c/o Katherine Wall  
2725 Judge Fran Jamieson Way  
Viera, FL 32940

Each elector may vote in person or by written proxy. At said special election, each elector or his or her proxy shall be entitled to cast one vote.

If a hospital does not return the ballot by 12:00 pm on Friday, May 14, 2021, the hospital will be deemed to have abstained from participation in the special election.

**OFFICIAL BALLOT**  
**SPECIAL ELECTION- \_\_\_\_\_, 2021**

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Daniel Knell, as an elector, or as the proxy holder of  
MRMC (Elector), pursuant to the Elector's Proxy attached hereto, do  
cast myvote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND  
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES ✓

NO       

Date: 5/11/2021

Signed:



Printed Name: Daniel Knell

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS  
AND  
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

**WHEREAS,** Melbourne Regional Medical Center with a business address of 250 N. Wickham Rd. (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS,** Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

**WHEREAS,** Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

**WHEREAS**, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

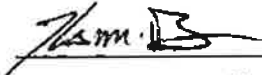
1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense


of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11<sup>th</sup> day of May, 2021.

HOSPITAL:

WITNESSES:

  
Printed Name: Thomas Bowden

 with permission  
Signature  
Title: FL Market President

  
Printed Name: James Dale Armour

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or     online notarization, this 11<sup>th</sup> day of May, 2021, by Daniel Knell, who is personally known to me ~~or who has produced~~                      as identification.

(NOTARY SEAL)



  
Notary Public

## **Exhibit A**

### **HOLD HARMLESS AND INDEMNIFICATION**

**WHEREAS**, CIRCLES OF CARE, INC., with a business address of  
400 E. Sheridan Road  
Melbourne, FL 32901 (hereinafter "Hospital") requested that Brevard County  
(hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-  
Ad Valorem Assessment Ordinance; and

**WHEREAS**, Hospital has given the County assurances that the objectives and  
procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad  
Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and  
objectives set out in the Brevard County Local Provider Participation Fund Non-Ad  
Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard  
County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, pursuant to the Brevard County Local Provider Participation Fund  
Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold  
Harmless and Indemnification prior to the adoption of any Assessment Resolution or  
Annual Final Assessment Resolution by the County.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital  
hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

Hospital hereby indemnifies and holds harmless the County, its officers,  
employees and agents from any and all claims arising from the adoption and  
implementation of the Brevard County Local Provider Participation Fund Non-Ad

Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11th day of MAY, 2021.

WITNESSES:

DR. BARRY HENSEL

Printed Name:

Printed Name:

HOSPITAL:

CIRCLES OF CARE, INC.

Barry Hensel

Signature

Title: VP OF CLINICAL SERVICES

STATE OF FLORIDA  
COUNTY OF BREVARD

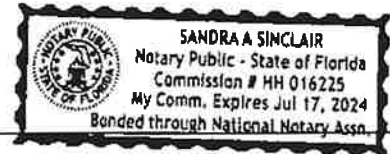
The foregoing instrument was acknowledged before me by means of X physical presence or     online notarization, this 11 day of May, 2021, by Dr. Barry Hensel

\_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

(NOTARY SEAL)



Notary Public



Name Typed, Printed or Stamped

My Commission Expires: 07/17/2024

**OFFICIAL BALLOT**  
**SPECIAL ELECTION- \_\_\_\_\_, 2021**

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, DAVID L. FELDMAN, as an elector, or as the proxy holder of \_\_\_\_\_ (Elector), pursuant to the Elector's Proxy attached hereto, do cast myvote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND  
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES ☒

NO ☐

Date: 05/10/2021

Signed: David L. Feldman

Printed Name: DAVID L. FELDMAN

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS  
AND  
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

**WHEREAS,** Circles of Care, Inc, with a business address of  
400 E. Sheridan Road, Melbourne, FL 32901 (hereinafter "Hospital") requested that Brevard County  
(hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-  
Ad Valorem Assessment Ordinance; and

**WHEREAS,** Hospital has given the County assurances that the objectives and  
procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad  
Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS,** Hospital waives any right to challenge the procedures and  
objectives set out in the Brevard County Local Provider Participation Fund Non-Ad  
Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard  
County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** pursuant to Brevard County Charter Section 5.4.1, the levy of a non-  
ad valorem special assessment as contemplated by the Brevard County Local Provider  
Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election  
or special election called for the purposes of the approval of the majority of the electors  
residing within the boundaries of the district or other area of the County where the  
special assessments are proposed to be levied; and

**WHEREAS,** Hospital certifies that Hospital has obtained from the Brevard  
County Supervisor of Elections a statement verifying that no electors reside within the  
boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

**WHEREAS**, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this 10th day of MAY, 2021.

WITNESSES:

**HOSPITAL:**

CIRCLES OF CARE, INC

DR. BARRY HENSEL

Printed Name:

Barry Hensel

Signature

Title: VP OF CLINICAL SERVICES

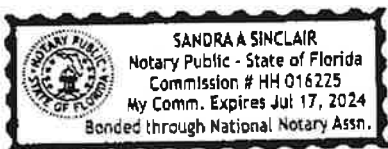
\_\_\_\_\_  
Printed Name:

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or \_\_\_\_\_ online notarization, this 10<sup>th</sup> day of May, 2021, by Barry Hensel, who is personally known to me or who has produced \_\_\_\_\_ as identification.

(NOTARY SEAL)



[Signature]

Notary Public

**Exhibit A**

**HOLD HARMLESS AND INDEMNIFICATION**

**WHEREAS**, Cape Canaveral Hospital, with a business address of 701 W. Cocoa Beach Cswy  
Cocoa Beach, FL (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

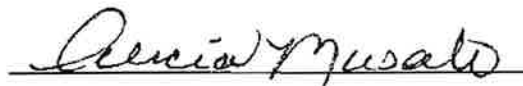
Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

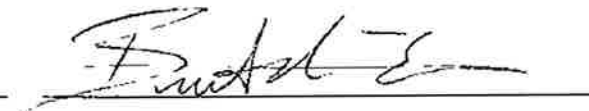
IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 12 day of May, 2021.

HOSPITAL:

WITNESSES:



Printed Name: ALICIA MUSALO



Signature

Title: CEO, HOSPITAL SERVICES



Printed Name: JULIE LAMP

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ✓ physical presence or     online notarization, this 12 day of May, 2021, by

Brett Ercan, who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

(NOTARY SEAL)



[Signature]  
Notary Public

Andrea Mastrodonardo  
Name Typed, Printed or Stamped  
My Commission Expires: 7/6/25

**OFFICIAL BALLOT**  
**SPECIAL ELECTION- May, 2021**

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Brett Esrock, as an elector, or as the proxy holder of Cape Canaveral Hospital (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND  
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES X

NO       

Date: May 11, 2021

Signed: 

Printed Name: Brett Esrock

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS  
AND  
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

**WHEREAS,** Cape Canaveral Hospital, with a business address of 1101 W. Cocoa Beach Causeway  
Cocoa Beach, FL 32931 (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS,** Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

**WHEREAS,** Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

**WHEREAS**, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this \_\_\_\_ day of May 11, 2021.

WITNESSES:

Catherine Morley  
Printed Name: Catherine Morley

Flanny Murry  
Printed Name: Flanny Murry

HOSPITAL:

Cape Canaveral Hospital

Brett E  
Signature

Title: CEO, Hospital Services  
Health First, Inc.

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or \_\_\_\_ online notarization, this 11<sup>th</sup> day of May, 2021, by Brett Esrock, who is personally known to me or who has produced N/A as identification.

(NOTARY SEAL)



Karen L. Earley  
Notary Public

**Exhibit A**

**HOLD HARMLESS AND INDEMNIFICATION**

**WHEREAS,** HOLMES REGIONAL MED CTR with a business address of 1350 HICKORY ST.  
MELBOURNE, FL (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS,** Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

**NOW THEREFORE,** in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

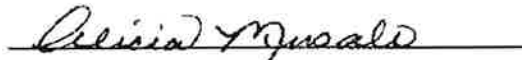
Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad


Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 12 day of MAY, 2021.

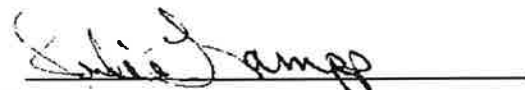
HOSPITAL:

WITNESSES:

  
Printed Name: ALICIA MUSALO

  
Signature

Title: CEO HOSPITAL SERVICES

  
Printed Name: JULIE LAMP

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 12 day of May, 2021, by \_\_\_\_\_

Brett Esrock, who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

(NOTARY SEAL)



[Signature]  
Notary Public

Andrea Mastrodonardo  
Name Typed, Printed or Stamped  
My Commission Expires: 7/6/25

**OFFICIAL BALLOT**  
**SPECIAL ELECTION- May, 2021**

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Brett Esrock, as an elector, or as the proxy holder of  
Holmes Regional Medical Center (Elector), pursuant to the Elector's Proxy attached hereto, do  
cast my vote as follows:


**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND  
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES X

NO       

Date: May 11, 2021

Signed: 

Printed Name: Brett Esrock

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS  
AND  
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

**WHEREAS,** Holmes Regional Medical Center with a business address of 1350 S. Hickory Street  
Melbourne, FL 32901 (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS,** Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

**WHEREAS,** Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

**WHEREAS**, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11<sup>th</sup> day of May, 2021.

WITNESSES:

Catherine Mcubray  
Printed Name: Catherine Mcubray

Tammy Wray  
Printed Name: Tammy Wray

HOSPITAL: Holmes Regional Medical Center

[Signature]  
Signature

Title: CEO, Hospital Services Health First, Inc.

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or      online notarization, this 11<sup>th</sup> day of May, 2021, by Brett Esrock, who is personally known to me or who has produced N/A as identification.

(NOTARY SEAL)



Karen L. Earley  
Notary Public

**Exhibit A**

**HOLD HARMLESS AND INDEMNIFICATION**

**WHEREAS**, PALM BAY HOSPITAL, with a business address of 1425 Malabar Rd NE  
Palm Bay, FL (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

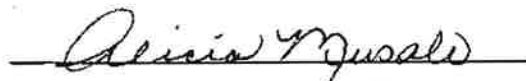
Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

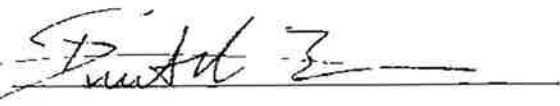
Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this 12 day of MAY, 2021.


**HOSPITAL:**

**WITNESSES:**

  
Printed Name: ALICIA MUSALO

  
Signature

Title: CEO, HOSPITAL SERVICES

  
Printed Name: JULIE LAMP

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ✓ physical presence or     online notarization, this 12 day of May, 2021, by

Brett Esenk, who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

(NOTARY SEAL)



[Signature]  
Notary Public

Andrea Mastrolonardo

Name Typed, Printed or Stamped

My Commission Expires: 7/6/25

**OFFICIAL BALLOT**  
**SPECIAL ELECTION- may, 2021**

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Brett Esrock, as an elector, or as the proxy holder of Palm Bay Hospital (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND  
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES X

NO       

Date: May 11, 2021

Signed: 

Printed Name: Brett Esrock

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS  
AND  
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

**WHEREAS,** Palm Bay Hospital, with a business address of  
1425 Malabar Road, NE  
Palm Bay, FL 32909 (hereinafter "Hospital") requested that Brevard County  
(hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-  
Ad Valorem Assessment Ordinance; and

**WHEREAS,** Hospital has given the County assurances that the objectives and  
procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad  
Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS,** Hospital waives any right to challenge the procedures and  
objectives set out in the Brevard County Local Provider Participation Fund Non-Ad  
Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard  
County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS,** pursuant to Brevard County Charter Section 5.4.1, the levy of a non-  
ad valorem special assessment as contemplated by the Brevard County Local Provider  
Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election  
or special election called for the purposes of the approval of the majority of the electors  
residing within the boundaries of the district or other area of the County where the  
special assessments are proposed to be levied; and

**WHEREAS,** Hospital certifies that Hospital has obtained from the Brevard  
County Supervisor of Elections a statement verifying that no electors reside within the  
boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

**WHEREAS**, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11th day of May, 2021.

WITNESSES:

HOSPITAL:

Palm Bay Hospital

Catherine Maubray  
Printed Name: Catherine Maubray

Brett Estock  
Signature  
Title: CEO, Hospital Services  
Health First, Inc.

Tammy Muzzy  
Printed Name: Tammy Muzzy

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or     online notarization, this 11th day of May, 2021, by Brett Estock, who is personally known to me or who has produced N/A as identification.

(NOTARY SEAL)



Karen L. Earley  
Notary Public

**Exhibit A**

**HOLD HARMLESS AND INDEMNIFICATION**

**WHEREAS**, VIERA HOSPITAL, with a business address of 8745 N. WICKHAM RD.  
MELBOURNE, FL (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

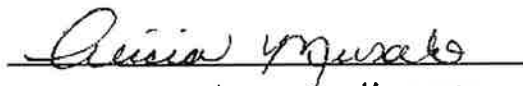
Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad


Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

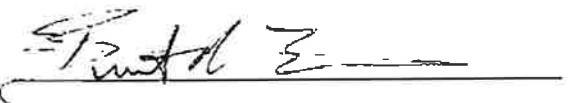
IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 12 day of MAY, 2021.

HOSPITAL:

WITNESSES:

  
Printed Name: ALICIA MUSALO

  
Printed Name: JULIE LAMPO

  
Signature  
Title: CEO, HOSPITAL SERVICES

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 12 day of May, 2021, by \_\_\_\_\_

Brett Eseryk, who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

(NOTARY SEAL)



[Signature]  
Notary Public

Andrea Mastrolonardo

Name Typed, Printed or Stamped

My Commission Expires: 7/6/25

**OFFICIAL BALLOT**  
**SPECIAL ELECTION- May, 2021**

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Brett Esrock, as an elector, or as the proxy holder of Viera Hospital (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:

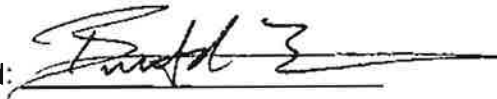
**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND  
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES X

NO       

Date: May 11, 2021

Signed: 

Printed Name: Brett Esrock



**CERTIFICATION OF ELECTORS AND ELECTION RESULTS  
AND  
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

**WHEREAS**, Viera Hospital, with a business address of 8745 N. Wickham Rd.  
Melbourne, FL 32940 (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

**WHEREAS**, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

**WHEREAS**, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

**WHEREAS**, Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

**WHEREAS**, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

**NOW THEREFORE**, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11<sup>th</sup> day of May, 2021.

WITNESSES:

Catherine Maubrey  
Printed Name: Catherine Maubrey

Tammy Muzzy  
Printed Name: Tammy Muzzy

HOSPITAL:

Viera Hospital

[Signature]  
Signature

Title: CEO, Hospital Services  
Health First, Inc.

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or    online notarization, this 11<sup>th</sup> day of May, 2021, by Brett Esrock, who is personally known to me or who has produced N/A as identification.

(NOTARY SEAL)



Karen L. Earley  
Notary Public



PO Box 631244 Cincinnati, OH 45263-1244

**AFFIDAVIT OF PUBLICATION**

County Manager's Office Cathy Lively  
B.O.C.C. County Manager's Off  
2725 Judge Fran Jamieson WAY  
Bldg C  
Melbourne FL 32940-6605

STATE OF WISCONSIN, COUNTY OF BROWN

Before the undersigned authority personally appeared, who on oath says that he or she is the Legal Advertising Representative of the Florida Today, a daily newspaper published in Brevard County, Florida; that the attached copy of advertisement, being a Legal Ad in the matter of Govt Public Notices, was published on the publicly accessible website of Brevard County, Florida, or in a newspaper by print in the issues of, on:

06/17/2025

Affiant further says that the website or newspaper complies with all legal requirements for publication in chapter 50, Florida Statutes.

Subscribed and sworn to before me, by the legal clerk, who is personally known to me, on 06/17/2025

Legal Clerk

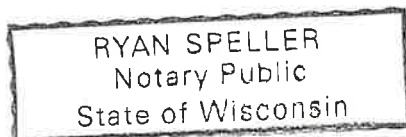
Notary, State of WI, County of Brown

My commission expires

Publication Cost:	\$774.56	
Tax Amount:	\$0.00	
Payment Cost:	\$774.56	
Order No:	11409467	# of Copies:
Customer No:	1127243	0
PO #:	LSAR0317048	

**THIS IS NOT AN INVOICE!**

*Please do not use this form for payment remittance.*



RECEIVED

JUN 24 2025

County Manager's  
Office

**Notice of Hearing Regarding Imposing and Collecting a Non-Ad Valorem Special Assessment from Specified Hospital Properties**

Notice is hereby given that the Board of County Commissioners of Brevard County, Florida, will conduct a public hearing pursuant to Ordinance No. 21-14 to consider the approval of the imposition and collection of a non-ad valorem special assessment against each private for-profit and not-for-profit hospital that provides inpatient hospital services and that holds a right of possession and right of use to real property in Brevard County (each, an "Assessed Property"). The list of affected hospitals is included at the conclusion of this notice.

The assessment is intended to finance intergovernmental transfers, provided consistent with federal guidelines, that fund the non-federal share of certain Medicaid and/or Medicaid managed care payments. As a result, the assessment directly and specially benefits Assessed Properties and supports the provision of health care services to Medicaid, indigent, and uninsured members of the County's community.

The public hearing will be held at the Brevard County Government Center, located at 2725 Judge Fran Jamieson Way, Bldg. C, 1st Floor, Viera, FL, on July 8, 2025, at 9:00 p.m., or as soon thereafter as the matter can be heard. At that time, the Board will receive public comment on the proposed special assessment.

The County has prepared the Non-Ad Valorem Assessment Roll being considered for approval. The roll contains the names of the hospitals; the tax parcel identification numbers of the parcels; the section, township and range of the parcels assessed; the parcel owner's name; the address and names and addresses of any leaseholders of the Assessed Properties, the assessment rate, and the amount of the special assessment to be imposed against each Assessed Property. The Non-Ad Valorem Assessment Roll is available for inspection at the Brevard County budget office during regular business hours from June 18, 2025, until the hearing concludes on July 8, 2025. The assessment rate set forth in the Non-Ad Valorem Assessment Roll to be levied against each Assessed Property shall be 2.71% of net inpatient revenue and 9.19% of net outpatient revenue.

At the date and time set forth in this notice, the Board of County Commissioners may: (1) approve the Non-Ad Valorem Assessment Roll, with such amendments as it deems just and right, and (2) adopt a resolution (the "Assessment Resolution") that describes: (a) the Medicaid payments proposed for funding from proceeds of the assessment, (b) the benefits to the Assessed Properties, (c) the methodology for computing the assessed amounts, and (d) the method of collection, including how and when the assessment is to be paid.

All interested persons have a right to appear at the hearing and to file written objections with the Board prior to the resolution vote. All objections to the Non-Ad Valorem Assessment Roll being considered for approval must be made in writing and filed with the County by July 7, 2025. Written objections should be sent to the attention of the Brevard County Budget Office at 2725 Judge Fran Jamieson Way, Bldg. C, 1st Floor, Viera, FL 32940.

The amount of the assessment is to be collected pursuant to an additional and alternative method, as specified in § 197.3631, Fla Stat. Details will be included in the Assessment Resolution.

If you are a person with disability who needs any accommodation to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Brian Breslin, ADA Coordinator, at (321) 637-5347 or by email at [Brian.Breslin@Brevardfl.gov](mailto:Brian.Breslin@Brevardfl.gov), at least forty-eight (48) hours prior to the public hearing if you need special accommodations.

Pursuant to § 286.0105, Fla Stat., if a person decides to appeal any decision of the Board of County Commissioners on any matter considered at the public hearing, he or she will need a record of the proceedings. For such purpose, a person appealing the decision may need to ensure the creation of a verbatim record, which captures the testimony and evidence upon which the appeal is based.  
Brevard County, FLORIDA

**List of Affected Properties:**

The special assessment is to be levied against each private for-profit and not-for-profit hospital operating under a Florida hospital license affiliated with the following providers of inpatient hospital services that holds a right of possession and right of use to real property in Brevard County, Florida:

Hospital Name: Sea Pines Rehabilitation Hospital  
Hospital Address: 101 E. Florida Ave., Melbourne, FL 32901  
Parcel ID: 28-37-15-00-253

Hospital Name: Cape Canaveral Hospital  
Hospital Address: 701 W. Cocoa Beach Causeway, Cocoa Beach, FL 32931  
Parcel ID: 24-37-34-00-1

Hospital Name: Holmes Regional Medical Center  
Hospital Address: 1350 Hickory St., Melbourne, FL 32901  
Parcel ID: 27-37-34-51-392

Hospital Name: Palm Bay Hospital  
Hospital Address: 1425 Malabar Rd., Palm Bay, FL 32907  
Parcel ID: 28-37-34-00-754

Hospital Name: Viera Hospital  
Hospital Address: 8745 N. Wickham Rd., Melbourne, FL 32940  
Parcel ID: 26-36-16-02-A-1

Hospital Name: Circles of Care  
Hospital Address: 400 E. Sheridan Rd., Melbourne, FL 32901  
Parcel ID: 27-37-34-00-508

Hospital Name: Kindred Hospital Melbourne  
Hospital Address: 765 W. NASA Blvd., Melbourne, FL 32901  
Parcel ID: 27-37-33-00-252

Hospital Name: Orlando Health Melbourne Hospital  
Hospital Address: 250 N. Wickham Rd., Melbourne, FL 32935  
Parcel ID: 27-36-25-00-13

Hospital Name: Palm Point Behavioral Health  
Hospital Address: 2355 Truman Scarborough Way, Titusville, FL 32796  
Parcel ID: 21-35-28-00-258

June 17 2025  
LSAR0317048

COLUMN SOFTWARE, PBC

STATE OF FLORIDA

COUNTY OF BREVARD COUNTY

Before the undersigned authority personally appeared Rachel Cozart, who on oath says that he or she is an authorized agent of Column software, PBC; that the attached copy of advertisement, being a legal advertisement or public notice in the matter of Public Hearing - Non-Ad Valorem - Hospitals, was published on the publicly accessible website of Brevard County County, hosted by Column Software, PBC on  
Jun. 16, 2025

Affiant further says that the website complies with all legal requirements for publication in chapter 50, Florida Statutes.

**PUBLICATION DATES:**

Jun. 16, 2025

**Notice ID:** Qc6jEzCTamZdjBZ3Au0E

**Notice Name:** Public Hearing - Non-Ad Valorem - Hospitals

**PUBLICATION FEE:** \$0.00

Signed by:

*Rachel Cozart*

\_\_\_\_\_, as authorized signatory of Column  
Software, PBC



**VERIFICATION**

State of Florida  
County of Broward

Signed or attested before me on this: 06/16/2025

*S. Smith*

\_\_\_\_\_  
Notary Public  
Notarized remotely online using communication technology via Proof.



#### NOTICE OF HEARING REGARDING IMPOSING AND COLLECTING A NON-AD VALOREM SPECIAL ASSESSMENT FROM SPECIFIED HOSPITAL PROPERTIES

Notice is hereby given that the Board of County Commissioners of Brevard County, Florida, will conduct a public hearing pursuant to Ordinance No. 21-14 to consider the approval of the imposition and collection of a non-ad valorem special assessment against each private for-profit and not-for-profit hospital that provides inpatient hospital services and that holds a right of possession and right of use to real property in Brevard County (each, an "Assessed Property"). The list of affected hospitals is included at the conclusion of this notice.

The assessment is intended to finance intergovernmental transfers, provided consistent with federal guidelines, that fund the non-federal share of certain Medicaid and/or Medicaid managed care payments. As a result, the assessment directly and specially benefits Assessed Properties and supports the provision of health care services to Medicaid, indigent, and uninsured members of the County's community.

The public hearing will be held at the Brevard County Government Center, located at 2725 Judge Fran Jamieson Way, Bldg. C, 1st Floor, Viera, FL, on July 8, 2025, at 5:00 p.m., or as soon thereafter as the matter can be heard. At that time, the Board will receive public comment on the proposed special assessment.

The County has prepared the Non-Ad Valorem Assessment Roll being considered for approval. The roll contains the names of the hospitals; the tax parcel identification numbers of the parcels; the section, township and range of the parcels assessed; the parcel owner's name; the address and names and addresses of any leaseholders of the Assessed Properties, the assessment rate, and the amount of the special assessment to be imposed against each Assessed Property. The Non-Ad Valorem Assessment Roll is available for inspection at the Brevard County budget office during regular business hours from June 18, 2025, until the hearing concludes on July 8, 2025. The assessment rate set forth in the Non-Ad Valorem Assessment Roll to be levied against each Assessed Property shall be 2.71% of net inpatient revenue and 9.19% of net outpatient revenue.

At the date and time set forth in this notice, the Board of County Commissioners may: (1) approve the Non-Ad Valorem Assessment Roll, with such amendments as it deems just and right, and (2) adopt a resolution (the "Assessment Resolution") that describes: (a) the Medicaid payments proposed for funding from proceeds of the assessment, (b) the benefits to the Assessed Properties, (c) the methodology for computing the assessed amounts, and (d) the method of collection, including how and when the assessment is to be paid.

All interested persons have a right to appear at the hearing and to file written objections with the Board prior to the resolution vote. All objections to the Non-Ad Valorem Assessment Roll being considered for approval must be made in writing and filed with the County by July 7, 2025. Written objections should be sent to the attention of the Brevard County Budget Office at 2725 Judge Fran Jamieson Way, Bldg. C, 1st Floor, Viera, FL 32940.

The amount of the assessment is to be collected pursuant to an additional and alternative method, as specified in § 197.3631, Fla Stat. Details will be included in the Assessment Resolution.

If you are a person with disability who needs any accommodation to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Brian Breslin, ADA Coordinator, at (321) 637-5347 or by email at [Brian.Breslin@Brevardfl.gov](mailto:Brian.Breslin@Brevardfl.gov), at least forty-eight (48) hours prior to the public hearing if you need special accommodations.

Pursuant to § 286.0105, Fla Stat., if a person decides to appeal any decision of the Board of County Commissioners on any matter considered at the public hearing, he or she will need a record of the proceedings. For such purpose, a person appealing the decision may need to ensure the creation of a verbatim record, which captures the testimony and evidence upon which the appeal is based.

#### Brevard County, FLORIDA

##### List of Affected Properties:

The special assessment is to be levied against each private for-profit and not-for-profit hospital operating under a Florida hospital license affiliated with the following providers of inpatient hospital services that holds a right of possession and right of use to real property in Brevard County, Florida:

Hospital Name: Sea Pines Rehabilitation Hospital  
Hospital Address: 101 E. Florida Ave., Melbourne, FL 32901  
Parcel ID: 28-37-15-00-253

Hospital Name: Cape Canaveral Hospital  
Hospital Address: 701 W. Cocoa Beach Causeway, Cocoa Beach, FL 32931  
Parcel ID: 24-37-34-00-1

Hospital Name: Holmes Regional Medical Center  
Hospital Address: 1350 Hickory St., Melbourne, FL 32901  
Parcel ID: 27-37-34-51-392

Hospital Name: Palm Bay Hospital  
Hospital Address: 1425 Malabar Rd., Palm Bay, FL 32907  
Parcel ID: 28-37-34-00-754  
For public notices online, go to <http://brevardfl.column.us>

Hospital Name: Viera Hospital  
Hospital Address: 8745 N. Wickham Rd., Melbourne, FL 32940  
Parcel ID: 26-36-16-02-A-1

Hospital Name: Circles of Care  
Hospital Address: 400 E. Sheridan Rd., Melbourne, FL 32901  
Parcel ID: 27-37-34-00-508

Hospital Name: Kindred Hospital Melbourne  
Hospital Address: 765 W. NASA Blvd., Melbourne, FL 32901  
Parcel ID: 27-37-33-00-252

Hospital Name: Orlando Health Melbourne Hospital  
Hospital Address: 250 N. Wickham Rd., Melbourne, FL 32935  
Parcel ID: 27-36-25-00-13

Hospital Name: Palm Point Behavioral Health  
Hospital Address: 2355 Truman Scarborough Way, Titusville, FL 32796  
Parcel ID: 21-35-28-00-258

**Board Meeting Date**

7-3-25

Item Number: H.1

Motion By: TG

Second By: TR

Nay By: \_\_\_\_\_

Commissioner	DISTRICT	AYE	NAY
Commissioner Delaney	1	✓	
Vice Chair Goodson	2	✓	
Commissioner Adkinson	3	✓	
Commissioner Altman	5	✓	
Chairman Feltner	4	✓	