



Interoffice Memorandum

AGENDA ITEM

July 10, 2023

TO: Mayor Jerry L. Demings
-AND-
County Commissioners

THRU: Raul Pino, MD, MPH, Director
Health Services Department

A handwritten signature in black ink, appearing to be "R. Pino", written over the name of the person in the THRU field.

FROM: Christian C. Zuver, M.D., Medical Director
EMS Office of the Medical Director
Contact: (407) 836-7611

SUBJECT: Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital's Application for a Certificate of Public Convenience and Necessity to Provide Interfacility Advanced and Basic Life Support Transport Services in Orange County, Florida
Consent Agenda – July 25, 2023

I. Osceola Regional's 2021 Application.

On July 13, 2021, Osceola Regional Hospital, Inc. d/b/a Osceola Regional Medical Center submitted an application to Orange County's Office of the Medical Director/EMS Division for a certificate of public convenience and necessity (COPCN) to provide interfacility basic life support and advanced life support transport services in Orange County, Florida. Orange County EMS received two written objections to Osceola Regional's application: one from RG Ambulance Service, Inc. d/b/a American Ambulance and one from Lifefleet Southeast, Inc., d/b/a American Medical Response. EMS investigated Osceola Regional's application and recommended that the Board of County Commissioners grant Osceola Regional's application on the condition that Osceola Regional provide EMS with the following information prior to initiating services in Orange County: (1) a State of Florida advanced life support license number; (2) an employee roster and verification that all staffing requirements had been met; and (3) a vehicle roster including the registration numbers of each vehicle to be used during operations.

On November 30, 2021, the Board held a public hearing on Osceola Regional's application for a COPCN. The Board expressed concerns that Osceola Regional did not have a Advanced Life Support (ALS) license number from the State and was missing other information required by the application. The Board voted to deny Osceola Regional's application for a COPCN.

II. Osceola Regional's 2023 Application.

Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital submitted an application dated March 15, 2023, to Orange County EMS for a COPCN to provide interfacility advanced and basic life support transport services in Orange County, Florida

("Application"). In accordance with Section 20-94 of the Orange County Code, EMS reviewed the Application, and Osceola Regional provided additional information related to its insurance on March 28, 2023. On April 5, 2023, the Application was deemed timely, accurate, and complete, and EMS provided reasonable notice of the Application to the relevant parties including Orange County's Emergency Medical Services Advisory Council (EMSAC), the general public, municipalities, and all current COPCN holders. EMS did not receive any timely written recommendations or objections to the Application. In accordance with Section 20-95 of the Code, EMS scheduled a meeting for EMSAC to evaluate the countywide emergency medical services system to consider the Application to expand the system by issuing a COPCN to Osceola Regional.

III. EMSAC Meeting on May 24, 2023.

EMSAC met on May 24, 2023, to evaluate the countywide emergency medical services system and review Osceola Regional's application to expand the system by issuing an additional COPCN to provide interfacility advanced and basic life support transport services. At the meeting, EMS framed the issue, Osceola Regional presented its application, and EMSAC heard public comments. In determining whether the application was in the interest of the public convenience and necessity, EMSAC considered the guidelines adopted by the Board as codified in Section 20-95 of the Code. Specifically, EMSAC considered: (1) Osceola Regional's current application; (2) the Board's November 30, 2021, denial of Osceola Regional's previous application; (3) the geographic area of the County where Osceola Regional proposes to operate; (4) the absence of any written recommendations or objections to Osceola Regional's application; and (5) staffing levels. At the conclusion of the meeting, EMSAC found that the issuance of an additional COPCN is in the interest of the public convenience and necessity and voted to recommend Osceola Regional's application for approval. Following the meeting, EMSAC submitted its Report and Recommendation to EMS, a copy of which is attached to this Memorandum.

IV. EMS Recommendation on July 7, 2023.

On July 7, 2023, Orange County EMS recommended that the Board grant Osceola Regional's application for a certificate of public convenience and necessity to provide interfacility advanced and basic life support transport services in Orange County, Florida. A copy of EMS' recommendation is attached to this Memorandum.

ACTION REQUESTED: Approval and execution of the Certificate of Public Convenience and Necessity for Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital to provide Level 7 Interfacility Transport Services in Orange County, Florida for a term of two years beginning August 7, 2023, and expiring August 6, 2025. There is no cost to the County.
(EMS Office of the Medical Director)

CZ/jj

Attachments

BCC Mtg. Date: July 25, 2023

ORANGE COUNTY, FLORIDA
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
for
OSCEOLA REGIONAL HOSPITAL, INC. D/B/A HCA FLORIDA OSCEOLA
HOSPITAL

WHEREAS, Section 401.25, Florida Statutes, governs the licensure of entities providing prehospital or interfacility advanced life support (“ALS”) services or basic life support (“BLS”) transportation services and requires applicants for licensure to obtain a certificate of public convenience and necessity from each county in which the applicant will operate; and

WHEREAS, Section 401.25, Florida Statutes, authorizes the governing body of each county to adopt ordinances that provide reasonable standards for certificates of public convenience and necessity and to consider state guidelines, recommendations of the local or regional trauma agency created under Chapter 395, Florida Statutes, and the recommendations of municipalities within its jurisdiction when developing said standards; and

WHEREAS, Chapter 20, Article III, Orange County Code, provides reasonable standards when applying for a certificate of public convenience and necessity in Orange County, Florida; and

WHEREAS, Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital (“Osceola Regional”) submitted an application dated March 15, 2023, to Orange County EMS for a COPCN to provide interfacility ALS and BLS transport services in Orange County, Florida (“Application”); and

WHEREAS, on May 24, 2023, the Orange County Emergency Medical Services Advisory Council (“EMSAC”) held a regularly scheduled public meeting to evaluate the countywide emergency medical services system and review the Application, and, following the meeting, EMSAC voted to recommend the Application for approval in accordance with Section 20-95 of the Code; and

WHEREAS, the Board has considered the guidelines listed in Section 20-95 of the Code, the Application, the recommendations from Orange County EMS, EMSAC, and local municipalities, and all other timely written recommendations and objections; and

WHEREAS, the Board has determined that Osceola Regional is financially and otherwise able to provide adequate and uninterrupted service and that Osceola Regional’s proposed service, to the extent authorized by this Certificate, is in the interest of the public convenience and necessity.

NOW THEREFORE, BE IT RESOLVED BY THE ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS:

Section 1. Recitals. The above recitals are hereby incorporated into this Certificate.

Section 2. Application, Levels of Service, and Certificate. The Board hereby grants Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital’s Application for a COPCN and authorizes Osceola Regional to provide **Level 7 Interfacility Transport Services in Orange County, Florida** in accordance with the terms, conditions, and limitations of this

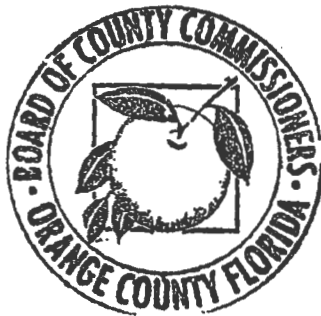
Certificate. The Board hereby issues this Certificate to **Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital**. The Board certifies that Osceola Regional's proposed services are in the interest of the public convenience and necessity.

Section 3. Term. The "Term" of this Certificate is the period of time during which this Certificate is valid and effective. This Certificate's Term shall be for a two-year period beginning on **August 7, 2023**, and expiring on **August 6, 2025**. Notwithstanding the foregoing, the Term may expire earlier if this Certificate is suspended or revoked pursuant to Orange County Code

Section 4. Indemnification. In consideration of this Certificate, which permits Osceola Regional to provide Level 7 interfacility transport services in Orange County, pursuant to Section 20-96, Orange County Code, and to the fullest extent permitted by law, Osceola Regional agrees to defend, indemnify, and hold harmless the County, its officials, agents, and employees from and against any and all claims, suits, judgments, demands, liabilities, damages, costs and expenses (including attorney's fees) of any kind or nature whatsoever arising directly or indirectly out of or caused in whole or in part by any act or omission of Osceola Regional or its subcontractors (if any), anyone directly or indirectly employed by them, or anyone for whose acts any of them may be liable: excepting those acts or omissions arising out of the sole negligence of the County.

Section 5. Compliance with Laws. By accepting this Certificate or providing transport services in Orange County pursuant to this Certificate, Osceola Regional agrees to comply with all applicable state and local laws and regulations.

ADOPTED THIS 25 DAY OF July, 2023.



ORANGE COUNTY, FLORIDA
By: Board of County Commissioners

By: *Jerry L. Demings*
for Jerry L. Demings
Orange County Mayor

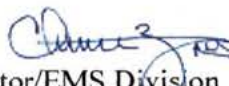
ATTEST: Phil Diamond, CPA, County Comptroller
As Clerk of the Board of County Commissioners

By: *Jennifer Ann Liverty*
Deputy Clerk

MEMORANDUM

TO: Mayor Jerry L. Demings
and
County Commissioners

THRU: Raul Pino MD, MPH., Director
Health Services Department

FROM: Christian C. Zuver, MD 
Office of the Medical Director/EMS Division
Contact: (407) 836-7320

DATE: June 30, 2023

RE: EMS' Recommendation on Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital's Application for a Certificate of Public Convenience and Necessity to Provide Interfacility Advanced and Basic Life Support Transport Services in Orange County, Florida

I. Osceola Regional's 2021 Application.

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IV. EMS' Recommendation.

Pursuant to Section 20-96 of the Code, EMS recommends that the Board grant Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital's application for a certificate of public convenience and necessity to provide interfacility advanced and basic life support transport services in Orange County, Florida. EMS will schedule this item for a future Board agenda and request Board action for the final disposition of the Application.


Attachments

c: Byron W. Brooks, AICP, County Administrator
Jeffrey J. Newton, County Attorney
Danny Banks, Deputy County Administrator
Dylan Schott, Assistant County Attorney

REPORT AND RECOMMENDATION

TO: Mayor Jerry L. Demings
and
County Commissioners

THRU: Raul Pino MD, MPH., Director
Health Services Department

FROM: Jose Gainza, Chair 
Orange County Emergency Medical Services Advisory Council
Contact: (407) 836-7320

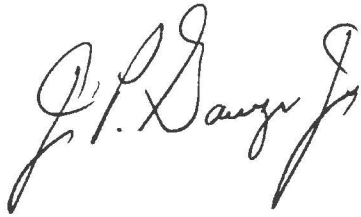
DATE: June 15, 2023

RE: EMSAC's Report and Recommendation on Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital's Application for a Certificate of Public Convenience and Necessity to Provide Interfacility Advanced and Basic Life Support Transport Services in Orange County, Florida

In April 2023, Orange County's Office of the Medical Director/EMS Division notified Orange County's Emergency Medical Services Advisory Council that Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital had applied for a certificate of public convenience and necessity to provide interfacility advanced and basic life support transport services in Orange County, Florida. Pursuant to Section 20-95 of the Orange County Code, EMSAC met on May 24, 2023, to evaluate the countywide emergency medical services system and review Osceola Regional's application to expand the system by issuing an additional COPCN to provide interfacility advanced and basic life support transport services. At the meeting, EMS framed the issue, Osceola Regional presented its application, and EMSAC heard public comments. In determining whether the application was in the interest of the public convenience and necessity, EMSAC considered the guidelines adopted by the Board as codified in Section 20-95 of the Code. Specifically, EMSAC considered: (1) Osceola Regional's current application; (2) the Board's November 30, 2021, denial of Osceola Regional's previous application; (3) the geographic area of the County where Osceola Regional proposes to operate; (4) the absence of any written recommendations or objections to Osceola Regional's application; and (5) staffing levels. At the conclusion of the meeting, EMSAC found that the issuance of an additional COPCN is in the interest of the public convenience and necessity and voted to recommend Osceola Regional's application for approval.

RECOMMENDATION: Grant Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital's Application for a Certificate of Public Convenience and Necessity to Provide Interfacility Advanced and Basic Life Support Transport Services in Orange County, Florida.

Re: EMSAC's Report and Recommendation on HCA's Application for a COPCN
June 15, 2023
Page 2

A handwritten signature in black ink, appearing to read "J. P. Sauer Jr." The signature is written in a cursive style with a large initial "J" and a distinct "S" at the end.



February 15, 2023

Jennifer Jensen, Compliance Officer
Orange County EMS
2002-A E. Michigan Street
Orlando, Florida 32806

RE: Application for Orange County COPCN for HCA Florida Osceola Hospital

Dear Ms. Jensen:

Attached, please find our application for Certificate of Public Convenience and Necessity (COPCN) for provision of emergency medical patient transportation services by HCA Florida Osceola Hospital.

HCA Florida Osceola Hospital is seeking approval to provide transportation services for transport between HCA freestanding emergency rooms in Orange County and HCA Florida Osceola Hospital. This ambulance service will provide Advanced Life Support and Basic Life Support Interfacility transportation services of patients from our Freestanding ERs to our main hospital, HCA Florida Osceola Hospital.

Your review and approval of our application will be appreciated.

If you have questions concerning this application or require additional information, please contact myself or Kim Williams, Assistant Chief Financial Officer at (407) 518-3520.

Sincerely,

A handwritten signature in black ink, appearing to read "R. David Shimp".

R. David Shimp
Chief Executive Officer
HCA Florida Osceola Hospital



**APPLICATION FOR A CERTIFICATE OF
PUBLIC CONVENIENCE AND NECESSITY FOR
AMBULANCE AND FIRE/RESCUE SERVICES**

DATE: 02/15/23

PROPOSED DATE OPERATIONS WILL BEGIN: 04/01/23

SECTION I

1. NAME OF SERVICE: HCA Florida Osceola Hospital Interfacili

2. ADDRESS OF OWNER (INCLUDE COUNTY): 700 West Oak Street, Kissimmee, FL 3474

3. ADDRESS OF OPERATOR (IF DIFFERENT THAN ABOVE):

4. CONTACT INFORMATION:

BUSINESS PHONE 407-518-3520

MOBILE PHONE 407-955-2836

EMAIL Kimberly.Williams11@h

5. OWNERSHIP TYPE:

- PRIVATE COORPORATION GOVERNMENT AGENCY OTHER

6. LEVEL OF SERVICE REQUESTED (MAY REQUEST MULTIPLE):

- BLS NON-TRANSPORT BLS TRANSPORT

- ALS NON-TRANSPORT ALS TRANSPORT

- INTERFACILITY TRANSPORT (ALS AND BLS)

- PREHOSPITAL AIR AMBULANCE

7. CORPORATE OFFICERS, CONTROLLING SHAREHOLDERS AND DIRECTORS:

NAME	ADDRESS	POSITION
See attached		

8. DESCRIBE THE PROPOSED GEOGRAPHIC AREA OR AREAS TO BE COVERED BY YOUR SERVICE:

- CHECK IF SUBMITTED AS AN ATTACHMENT

Will primarily transport from: HCA Florida Millenia Emergency (4056 Millenia Blvd., Orlando, FL 32839) and HCA Florida Hunters Creek Emergency (12100 S. John Young Pkwy, Orlando FL, 32837); and transferring to: HCA Florida Osceola Hospital (700 West Oak Street, Kissimmee, FL 34741) (Osceola and Orange Counties)
 Future location to be added:
 HCA Florida Airport Emergency, 6373 South Semoran Blvd, Orlando, FL 32822 (Summer 2023)

9. PROVIDE A STATEMENT DESCRIBING HOW THE PROPOSED SERVICE WILL BENEFIT THE POPULATION OF THE PROPOSED GEOGRAPHIC AREA TO BE SERVED:

CHECK IF SUPPLIED AS AN ATTACHMENT

This service will provide reliable, safe transfers between HCA Florida Osceola Hospital and its freestanding emergency departments in Orange County for those patients who need a higher level of care, additional specialists, or inpatient admission. The Interfacility Transport Service ensures patient transportation is provided timely and care is delivered by hospital based clinicians. This expedites continuity of care for our community and the patients the HCA Florida Osceola Hospital serves.

10. PROVIDE A STATEMENT SHOWING HOW THE APPLICANT PLANS TO STAFF THE PROPOSED SERVICE (NUMBER AND TYPES OF UNITS, STATION LOCATION, ETC.):

CHECK IF SUPPLIED AS AN ATTACHMENT

HCA Florida Osceola Hospital owns (3) Type 3 ambulances with both basic and advanced life support. Each unit will be staffed with (2) state certified EMT's or Paramedics. Scheduled shifts will be for twelve hours and will both begin and end at HCA Florida Osceola Hospital. Staffing coverage for 24/7/365 (Employee Work Schedule attached)

11. ATTCH A VEHICLE ROSTER WITH NUMBER OF VEHICLES IN OPERATION, MAKE, MODEL, MILEAGE, VIN, PERMITNUMBER AND REGISTRATION NUMBER OF EACH VEHICLE.

12. PROVIDE YOUR PROPOSED RESPONSE TIMES (IN MIN) FOR URGENT AND NON-URGENT CALLS. DESCRIBE HOW THE INTERVAL WILL BE CALCULATED AND WHY THIS BENCHMARK WAS CHOSEN:

CHECK IF SUPPLIED AS AN ATTACHMENT

15 minutes for emergency/urgent transports, 30 minutes for non-emergency transports.

This benchmark was established by geographic location, along with national response times for interfacility transport. All benchmarks are recommended and supported by the Medical Director for the Interfacility Transport Service

13. PROVIDE A DESCRIPTION OF YOUR COMPLAINT PROCESS FOR COMPLAINTS AND ACCIDENTS. INCLUDE A PROCESS FOR BOTH INTERNAL COMPLAINTS, FACILITIES AND THE PUBLIC:

CHECK IF SUPPLIED AS AN ATTACHMENT

All complaints are assessed by HCA Florida Osceola EMS transport management. Complaints are escalated to hospital Administration and/or Risk Management in accordance with HCA hospital standard operating policies and procedures. When warranted, Florida Department of Health and/or The Joint Commission may review.

14. PROVIDE A DESCRIPTION OF YOUR QUALITY ASSURANCE PLAN:

CHECK IF SUPPLIED AS AN ATTACHMENT

Every Patient Care Report (PCR) is audited by HCA Florida Osceola EMS management team. Quality assurance is in accordance with HCA Florida Osceola hospital guidelines. (See attached)

15. PLEASE SUPPLY A CURRENT FINANCIAL STATEMENT (Current letter from bank verifying business account status and a balance sheet, Medicare audits, audited financial statements and verified lines of credit, etc.)

16. PROVIDE A STATEMENT SIGNED BY THE APPLICANT AND ITS MEDICAL DIRECTOR ATTESTING THAT ALL EMTs AND PARAMEDICS UTILIZED HAVE AND WILL MAINTAIN CURRENT STATE CERTIFICATION.

17. EMPLOYEE ROSTER (please attach extra sheets as needed):

NAME	CERTIFICATION LEVEL	CURRENT CPR CARD
See attached		

18. LIST THE ADDRESS AND DESCRIPTION OF EACH OF THE LOCATIONS YOU WILL COPRATE FROM. INCLUDE THE HOURS OF OPERATION AND STAFFING AT EACH PROPOSED LOCATION:

Locations currently operational:
 HCA Florida Osceola Hosptial, 700 W. Oak Street, Kissimmee, FL 34741
 HCA Florida Millenia Emergency, 4056 Millenia Blvd, Orlando, FL 32839
 HCA Florida Hunter's Creek Emergency, 12100 S. John Young Pkwy, Orlando, FL 32837

Future location:
 - HCA Florida North Airport Emergency, 6373 South Semoran Blvd, Orlando, FL 32822 (Summer 2023)

Each truck will begin and end shift at HCA Florida Osceola from 7a-7p and 7p-7a. Each truck will include (1) EMT and (1) Paramedic that will work a 12 hour shift. Staffing coverage is 24/7/365 (Employee Work Schedule attached)

19. COMMUNICATIONS EQUIPMENT:

TELEPHONE

RADIO

OTHER

NUMBER OF VEHICLES EQUIPPED WITH RADIOS: 0

FREQUENCY(S):

NUMBER OF VEHICLES EQUIPPED WITH MOBILE PHONES: 3

20. APPROXIMATE DATE FCC LICENSE WILL BE EFFECTIVE (ATTACH IF CURRENT): 10/25/18

21. LIST ALL HOSPITALS, SUPERVISING PHYSICIANS, AND OTHER EMERGENCY AGENCIES (POLICE, FIRE, ETC.) THAT YOU WILL HAVE DIRECT RADIO CONTACT WITH:


Communications are conducted by cell phone. Two ambulances are currently equipped with cell phones and the third ambulance will be equipped prior to becoming operational in March 2023. Communications occur with HCA Florida Osceola Hospital, Hunter's Creek Freestanding ER, Millenia Freestanding ER, Dr. David Lane, Emergency Medicine Department Chair and Medical Director for Interfacility Transport Service.

Although the vehicles do not currently use radios, the facility does have an FCC License (See attached)

22. PROVIDE EXECUTED COPIES OF ALL BUSINESS AGREEMENTS BETWEEN THE APPLICANT AND A HEALTH CARE FACILITY(S) OR GOVERNMENTAL ENTITY(S) LOCATED IN ORANGE COUNTY, FLORIDA FOR THE PROVISION OF BLS OR ALS SERVICES, WHICH MAY INCLUDE INTERFACILITY TRANSPORT. Currently no agreements in place due to transports are between main hospital and its FSEDs

23. IF THIS IS A MODIFICATION OF A CURRENT COPCN, EXPLAIN WHAT MODIFICATIONS ARE BEING REQUESTED.

Not applicable



24. PROVIDE CERTIFICATES OF INSURANCE IN ACCORDANCE WITH SECTION 20-96(e) OF THE ORANGE COUNTY CODE:

"PROOF OF INSURANCE, IN THE FOLLOWING AMOUNTS, MUST BE SUBMITTED TO THE COUNTY PRIOR TO ANY APPLICANT RECEIVING A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY, IN ORDER TO PROTECT THE PUBLIC FOR ANY PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF THE APPLICANT'S OPERATIONS:

COMMERCIAL LIABILITY WITH A LIMIT OF NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) PER OCCURANCE. ORANGE COUNTY TO BE NAMED AS AN ADDITIONAL INSURED.

COMMERCIAL AUTOMOBILE LIABILITY WITH A LIMIT OF NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) PER OCCURANCE OR COMBINED SINGLE LIMIT. PROFESIONAL LIABILITY WITH A LIMIT OF NOT LESS THAT ONE MILLION DOLLARS (\$1,000,000) PER INCIDENT.

NON-GOVERNMENTAL PROVIDERS MUST NAME ORANGE COUNTY AS AN ADDITIONAL INSURED. NOTWITHSTANDING THE INSURANCE REQUIREMENTS CONTAINED IN THIS SECTION, GOVERNMENTAL ENTITIES SHALL PROVIDE A CERTIFICATE OF INSURANCE EVIDENCING ITS INSURANCE OR SELF-INSURANCE WITHIN THE LIMITS OF LIABILITY SET FORTH IN F.S. 768.28."

SECTION II

1. PROVIDE CURRENT STATE OF FLORIDA LICENSED AMBULANCE SERVICE NUMBER: ALS #10042

2. PROVIDE THE FOLLOWING INFORMATION FOR YOUR MEDICAL DIRECTOR. ADDITIONALLY, ATTACH PROOF OF EMPLOYMENT WITH YOUR AGENCY OR A CONTRACT FOR SERVICE.

NAME: David Lane, MD

ADDRESS: 700 W. Oak Street, Kissimmee

PHONE NUMBER: 727-503-6363

FLORIDA MEDICAL LICENSE NUMBER: [REDACTED]

3. DESCRIBE THE STAFFING PATTERNS FOR EMT'S, DRIVERS AND PARAMEDICS:

CHECK IF SUPPLIED AS AN ATTACHMENT

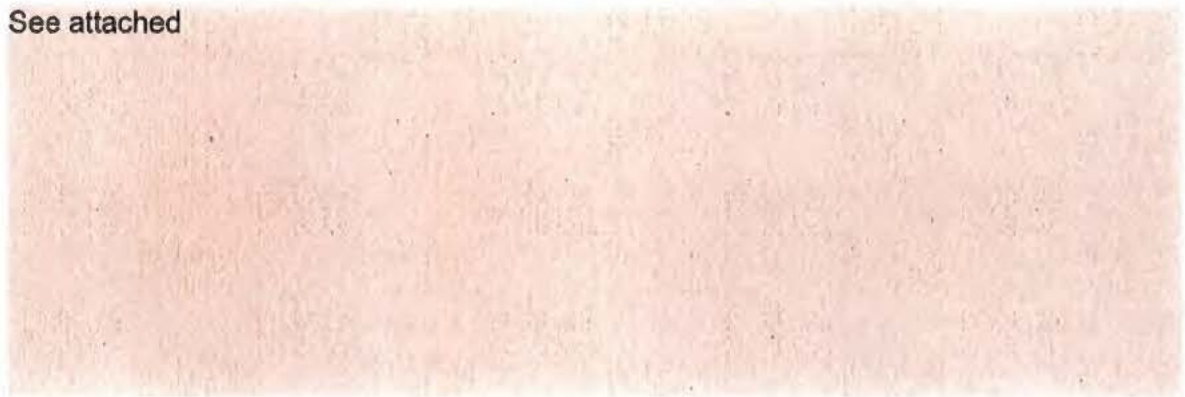
Each unit will be staffed with (2) state certified EMT's or Paramedics. Scheduled shifts will be for twelve hours and will begin and end at HCA Florida Osceola Hospital. Staffing coverage is 24/7/365 (Employee Work Schedule attached)

4. PROVIDE A STATEMENT SIGNED BY THE AGENCY AND THE MEDICAL DIRECTOR ATTESTING THAT ALL UTILIZED PARAMEDICS ARE CERTIFIED AND AUTHORIZED BY THE MEDICAL DIRECTOR TO PERFORM ADVANCED LIFE SUPPORT IN THE STATE OF FLORIDA

5. PROVIDE A LIST OF ALL EQUIPMENT AND MEDICATIONS CARRIED IN ADDITION TO THE MINIMUM EQUIPMENT SPECIFIED IN FLORIDA ADMINISTRATIVE CODE 64J-1.002-.003.

CHECK IF SUPPLIED AS AN ATTACHMENT

See attached



6. PROVIDE A PROPOSED SCHEDULE OF RATES, FARES AND CHARGES.

CHECK IF SUPPLIED AS AN ATTACHMENT

Transports are between HCA Florida Osceola Hospital and its FSEDs which are departments of the hospital; therefore, the hospital does not have rates, fares, or charges.

7. PROVIDE INFORMATION ON YOUR MANAGEMENT AND MAINTAINANCE PLAN

CHECK IF SUPPLIED AS AN ATTACHMENT

Preventative maintenance is performed on all vehicles every 90 days by an HCA approved vendor. Contract is currently with Smitty's Auto Repair located on Orange Blossom Trail in Kissimmee, FL

REQUIRED SUPPLEMENTARY DOCUMENTATION:

1. LIST PREVIOUS BUSINESS EXPERIENCES OR WORK REFERENCES FOR THE LAST 5 YEARS. SUBMISSION OF AT LEAST ONE LETTER OF SUPPORT FROM THE LIST PROVIDED IS REQUIRED.

- 1. Envision Physician Services
- 2. Intuitive Surgical, Inc
- 3. Forward Pathology Solutions
- 4. Houston Orthopedics
- 5. ICC

2. LIST FIVE BUSINESS REFERENCES. SUBMISSION OF A LETTER OF SUPPORT FROM ONE INDIVIDUAL ON THE LIST IS REQUIRED.

NAME	ADDRESS	PHONE NUMBER	EMAIL
See attached			

3. LIST FIVE CREDIT REFERENCES, SUBMISSION OF A LETTER OF SUPPORT FROM ONE CREDIT REFERENCE LISTED BELOW IS REQUIRED.

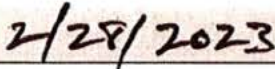
NAME	ADDRESS	PHONE NUMBER	EMAIL
See attached			

**APPLICATION FOR A CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR AMBULANCE AND FIRE/RESCUE SERVICES**

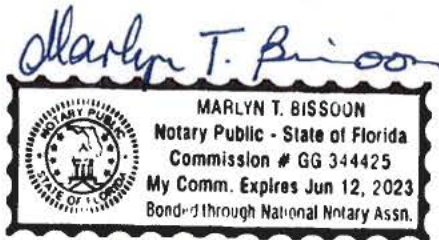
I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all the requirements for operation of ambulance or fire/rescue service in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 2, Section 20-101, certificates obtained by an application in which any material fact was intentionally omitted or falsely states are subject to suspension or revocation.



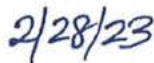
SIGNATURE OF APPLICANT OR REPRESENTATIVE



DATE



NOTARY SEAL



Supporting Documents

Section 1

1. Corporate Officers, Controlling Shareholder, and Directors (Item #7)
2. Employee Work Schedule (Item #10)
3. Vehicle Roster (Item #11)
4. Quality Assurance Document (Item #14)
5. Financial Statements (Item #15)
6. Attestation of EMT and Paramedic State Certification (Item #16)
7. Employee Roster (Item #17)
8. FCC License (Item #20)
9. Certificate of Insurance (Item #24)

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019093

Entity Name: OSCEOLA REGIONAL HOSPITAL, INC.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

Current Mailing Address:

P.O. BOX 750
NASHVILLE, TN 37202 US

FEI Number: 61-1257509

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name HAZEN, SAMUEL N
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title DSVP
Name WYATT, CHRISTOPHER F
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title DVPA
Name FRANCK, JOHN M II
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title VPS
Name CLINE, NATALIE H
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title SVPT
Name HACKETT, JOHN M.
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title VP
Name GRUBBS, RONALD L JR.
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE H. CLINE

VPS

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

HCA Florida Osceola Hospital

BOARD OF TRUSTEES

Jo Thacker	Chair Community Member
Grant Lacerte	Vice Chair Community Member
David Shimp	Chief Executive Officer/Secretary
Brian Cook	President, HCA North Florida Division
Atlee Mercer	Immediate Past Chair
Cheryl Grieb	Community Member
Dr. Raj Mitra	Physician Member
Chief Jim Walls	Community Member
John Newstreet	Community Member
Dr. Jorge Otoyá	Physician Member
Mike Horner	Community Member
Dr. Sayed Hussain	Physician Member
Dr. Rafael Jimenez	Physician Member
Carlos Velez	Community Member

2023 February

Steve N PTO 2/1-2/7
 Jeff B PTO 2/8-2/14
 Joe PTO 2/1-2/15

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
			Medic 1 0700-1900 Freddy, Kris	Medic 1 0700-1900 Jeff B(T), Amado	Medic 1 0700-1900 Jeff B, Kristian	Medic 1 0700-1900 Anthony(T), Kris
			Medic 2 0900-1900 Anthony, Jeff B	Medic 2 0700-1900 Freddy, Steve M	Medic 2 0700-1900 Freddy(T), Amado	Medic 2 0700-1900 OOS
			Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
			Medic 1 1900-0700 Jeff M(T), Emma	Medic 1 1900-0700 PM, Nathan	Medic 1 1900-0700 Jeff M(T), Nathan	Medic 1 1900-0700 Yabo(T), Josue, Hector
			Medic 2 1900-0700 OOS	Medic 2 1900-0700 OOS	Medic 2 1900-0700 Yabo, Chen	Medic 2 1900-0700 Chen
			Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
			Dispatch Danny(T) 0700-1900	Dispatch	Dispatch	Dispatch Krisitan 0700-1900 Steve N 1900-0700
5	6	7	8	9	10	11
Medic 1 0700-1900 Jeff B(T), Amado	Medic 1 0700-1900 Jeff B, Emma	Medic 1 0700-1900 Jeff B(T), Alberto	Medic 1 0700-1900 Steve M, Freddy	Medic 1 0700-1900 Danny(T), Amado	Medic 1 0700-1900 Danny, Amado	Medic 1 0700-1900 Anthony(T), Kris
Medic 2 0700-1900 Nathan, Kris, Shannon	Medic 2 0900-1900 Freddy(T), Anthony	Medic 2 0700-1900 Freddy, Krisitan	Medic 2 0900-1900 Anthony, Chen	Medic 2 0700-1900 Freddy,	Medic 2 0700-1900 Freddy(T), Kris	Medic 2 0700-1900 Nathan, Amado
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Medic 1 1900-0700 Yabo(T), Josue	Medic 1 1900-0700 Yabo(T), Jeff M	Medic 1 1900-0700 Jeff M(T), Nathan	Medic 1 1900-0700 Josue(T), Steve N	Medic 1 1900-0700 Josue(T), Steve N	Medic 1 1900-0700 Yabo(T), Steve N	Medic 1 1900-0700 Yabo(T), Chen
Medic 2 1900-0700 OOS	Medic 2 1900-0700 OOS	Medic 2 1900-0700 Emma, Gabby	Medic 2 1900-0700 Emma, Nathan	Medic 2 1900-0700 OOS	Medic 2 1900-0700	Medic 2 1900-0700
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Dispatch Steve N 1900-0700	Dispatch	Dispatch	Dispatch Danny(T) 0700-1900	Dispatch Krisitan 1900-0700	Dispatch Chen 1900-0700	Dispatch Krisitan 0700-1900
12	13	14	15	16	17	18
Medic 1 0700-1900 Nathan, Amado	Medic 1 0700-1900 Danny(T), Emma	Medic 1 0700-1900 Steve M, Amado	Medic 1 0700-1900 Danny, Jeff B(T)	Medic 1 0700-1900 Jeff B, Amado	Medic 1 0700-1900 Jeff B(T), Amado	Medic 1 0700-1900 Anthony(T), Kris
Medic 2 0700-1900 OOS	Medic 2 0900-1900 Anthony, Freddy	Medic 2 0700-1900 Freddy,	Medic 2 1100-2300 Anthony, Chen	Medic 2 0700-1900 Freddy(T), Kris	Medic 2 0700-1900 Freddy, Kris	Medic 2 0700-1900 OOS
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Medic 1 1900-0700 Yabo(T), Josue, Hector	Medic 1 1900-0700 Yabo(T), Josue	Medic 1 1900-0700 Jeff M(T), Nathan	Medic 1 1900-0700 Jeff M, Steve N	Medic 1 1900-0700 Joe, Steve N	Medic 1 1900-0700 Joe, Steve N	Medic 1 1900-0700 Yabo(T), Nathan
Medic 2 1900-0700 OOS	Medic 2 1900-0700 OOS	Medic 2 1900-0700 Emma, Gabby	Medic 2 1900-0700	Medic 2 1900-0700 Jeff M, Nathan	Medic 2 1900-0700	Medic 2 1900-0700
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Dispatch	Dispatch	Dispatch Danny(T) 0700-1900	Dispatch Freddy 0700-1900 Emma 1900-0700	Dispatch Emma 1900-0700	Dispatch Chen 1900-0700	Dispatch Krisitan 0700-1900 Chen 1900-0700

19	20	21	22	23	24	25
Medic 1 0700-1900 Kris, Amado	Medic 1 0700-1900 Steve M, Freddy(T)	Medic 1 0700-1900 Freddy(T), Alberto	Medic 1 0700-1900 Danny(T), Jeff B	Medic 1 0700-1900 Danny(T), Amado	Medic 1 0700-1900 Danny(T), Amado	Medic 1 0700-1900 Kris, Nathan
Medic 2 0700-1900 Emma, Gabby	Medic 2 1100-2300 Anthony, Josue	Medic 2 0900-1900 Anthony, Amado	Medic 2 0700-1900 Freddy, Chen	Medic 2 0700-1900 Freddy,	Medic 2 0700-1900 Freddy, Kris	Medic 2 0700-1900 OOS
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Medic 1 1900-0700 Yabo(T), Hector	Medic 1 1900-0700 Joe(T), Steve N	Medic 1 1900-0700 Joe(T), Steve N	Medic 1 1900-0700 Jeff M(T), Steve N	Medic 1 1900-0700 Joe, Steve N	Medic 1 1900-0700 Joe, Steve N	Medic 1 1900-0700 Yabo(T), Kristian
Medic 2 1900-0700 OOS	Medic 2 1900-0700 OOS	Medic 2 1900-0700 Emma, Gabby	Medic 2 1900-0700 Emma	Medic 2 1900-0700 Jeff M(T), Nathan	Medic 2 1900-0700 Yabo(T), Jeff M	Medic 2 1900-0700
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Dispatch	Dispatch	Dispatch	Dispatch Anthony 1100-2300	Dispatch Kristian 1900-0700	Dispatch Chen 1900-0700	Dispatch Chen 1900-0700

26	27	28
Medic 1 0700-1900 Steve M(T), Kris	Medic 1 0700-1900 Danny(T), Amado	Medic 1 0700-1900 Danny(T), Amado
Medic 2 0700-1900 OOS	Medic 2 0900-1900 Anthony, Freddy	Medic 2 0700-1900 Freddy,
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Medic 1 1900-0700 Yabo(T), Hector	Medic 1 1900-0700 Joe(T), Steve N	Medic 1 1900-0700 Joe(T), Steve N
Medic 2 1900-0700 OOS	Medic 2 1900-0700	Medic 2 1900-0700 Emma, Gabby
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Dispatch	Dispatch Yabo - 1900-0700	Dispatch

**** Finalized Schedule **** To make changes contact John or Jeff



February 15, 2023

HCA Florida Osceola Hospital Vehicle Roster

1. Medic 1:
 - a. Year/Make/Model: 2019 Ford E-350
 - b. VIN #: [REDACTED]
 - c. Permit #: [REDACTED]
 - d. FL Registration Number: [REDACTED]
 - e. Mileage: 61,728

2. Medic 2:
 - a. Year/Make/Model: 2019 Ford E-350
 - b. VIN #: [REDACTED]
 - c. Permit #: [REDACTED]
 - d. FL Registration Number: [REDACTED]
 - e. Mileage: 57,617

3. Medic 3:
 - a. Year/Make/Model: 2022 Ford E-350
 - b. VIN Number: [REDACTED]
 - c. Permit Number: In Process
 - d. Registration Number: In process
 - e. Mileage: 0



HCA Florida Osceola Hospital is committed to providing quality care to the patients we serve. Quality care can be achieved by meeting the following goals:

- A. Identifying patient transport needs
- B. Being competent caregivers
- C. Being responsive to perceived patient care needs
- D. Providing appropriate care for each patient
- E. Minimizing risk to patients
- F. Providing for continuous evaluation and improvement of patient care.
- G. Providing timely education and training to support quality patient care.
- H. Being compliant with all Rules and Regulations governing Florida Department of Health, and EMS and HCA hospital policy and procedures.

Policy

The Scope of the Quality Assurance Plan provided by HCA Florida Osceola Hospital will include the following:

1. An annual and weekly review of patient care reports. Each day (1) random chart is pulled for review, per request of the Medical Director.
2. Medical care audits performed, as needed, and supporting documentation that audits were done.
3. Continuing medical education to meet requirements and additional training/education, if needed. Each employee is required to accumulate CEU's in compliance with Florida Department of Health, as well as assigned education through HealthStream, HCA's continuing education portal.

The Quality Assurance Plan will be monitored and supervised by the Medical Director, Dr. David Lane.

COMBINED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

HCA Healthcare, Inc. Hospitals in the State of Florida
Year Ended December 31, 2021
With Report of Independent Auditors

HCA Healthcare, Inc. Hospitals in the State of Florida

Combined Financial Statements and
Supplementary Information

Year Ended December 31, 2021

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Ernst & Young LLP
222 2nd Avenue South
Suite 2100
Nashville, TN 37201

Tel: +1 615 252 2000
Fax: +1 615 242 9128
ey.com

Report of Independent Auditors

Management of HCA Healthcare, Inc.

We have audited the accompanying combined financial statements of HCA Healthcare, Inc. Hospitals in the State of Florida (comprised of the hospital subsidiaries of HCA Healthcare, Inc. licensed to operate in the state of Florida as listed in Note 1 to the combined financial statements), which comprise the combined balance sheet as of December 31, 2021, and the related combined statements of income, changes in equity and cash flows for the year then ended, and the related notes to the combined financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of HCA Healthcare, Inc. Hospitals in the State of Florida at December 31, 2021, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of HCA Healthcare, Inc. Hospitals in the State of Florida and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental combining information of HCA Healthcare, Inc. Hospitals in the State of Florida as of and for the year ended December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such

information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst + Young LLP

May 13, 2022

HCA Healthcare, Inc. Hospitals in the State of Florida

Combined Balance Sheet

December 31, 2021

Assets

Current assets:

Cash	\$ 1,407,940
Accounts receivable	1,657,603,134
Inventories	338,702,018
Prepaid expenses and other current assets	307,579,707
Estimated receivable under third-party reimbursement programs, net	<u>9,268,760</u>
	2,314,561,559

Property and equipment, at cost:

Land	650,622,393
Buildings	4,187,288,450
Equipment	5,826,752,644
Construction in progress	<u>395,384,861</u>
	11,060,048,348
Accumulated depreciation	<u>(5,431,030,350)</u>
	5,629,017,998

Goodwill	432,201,382
Due from an HCA Healthcare, Inc. affiliate, net	9,629,090,857
Right-of-use operating lease assets	132,950,881
Other assets	<u>24,279,044</u>
Total assets	<u><u>\$ 18,162,101,721</u></u>

Liabilities and equity

Current liabilities:

Accounts payable	\$ 426,370,014
Accrued expenses	493,371,469
Current portion of finance lease obligations	<u>19,397,819</u>
	939,139,302

Other liabilities	162,179,981
Finance lease obligations	65,500,887
Right-of-use operating lease obligations	104,758,824
Notes payable to an HCA Healthcare, Inc. affiliate	1,500,000

Equity Attributable to HCA Healthcare, Inc. Hospitals in the State of Florida	16,878,661,509
Noncontrolling interests	<u>10,361,218</u>
	16,889,022,727
Total liabilities and equity	<u><u>\$ 18,162,101,721</u></u>

See accompanying notes.

HCA Healthcare, Inc. Hospitals in the State of Florida

Combined Income Statement

Year Ended December 31, 2021

Revenues	\$	12,405,406,493
Salaries and benefits		4,341,831,797
Supplies		1,964,595,366
Other operating expenses		2,764,923,615
Depreciation		550,606,964
Interest expense		35,900,699
Management fees		459,041,470
		<u>10,116,899,911</u>
Income before nonoperating gains and income taxes		2,288,506,582
Nonoperating gains, net		<u>559,258,318</u>
Income before income taxes		2,847,764,900
Provision for income taxes		<u>655,771,641</u>
Net income		2,191,993,259
Net income attributable to noncontrolling interests		<u>452,420</u>
Net income attributable to HCA Healthcare, Inc. Hospitals in the State of Florida	\$	<u><u>2,191,540,839</u></u>

See accompanying notes.

HCA Healthcare, Inc. Hospitals in the State of Florida

Combined Statement of Changes in Equity

	Equity Attributable to HCA Healthcare, Inc. Hospitals in the State of Florida	Equity Attributable to Noncontrolling Interests	Total
Balance at January 1, 2021	\$ 14,498,012,521	\$ 10,948,339	\$ 14,508,960,860
Net income	2,191,540,839	452,420	2,191,993,259
Distributions to noncontrolling interests		(1,039,541)	(1,039,541)
Distributions to affiliates	(2,041,216)		(2,041,216)
Contributions from affiliates	191,149,365		191,149,365
Balance at December 31, 2021	<u>\$ 16,878,661,509</u>	<u>\$ 10,361,218</u>	<u>\$ 16,889,022,727</u>

See accompanying notes.

HCA Healthcare, Inc. Hospitals in the State of Florida

Combined Statement of Cash Flows

Year Ended December 31, 2021

Operating activities

Net income	\$ 2,191,993,259
Adjustments to reconcile net income to net cash provided by operating activities and nonoperating gains:	
Depreciation	565,341,427
Increase (decrease) in cash from operating assets and liabilities:	
Accounts receivable	(343,497,114)
Inventories	(7,195,522)
Prepaid expenses and other current assets	(266,877,833)
Accounts payable and accrued expenses	83,641,812
Estimated receivable under third-party reimbursement programs	25,884,992
Other	(1,746,857)
Net cash provided by operating activities and nonoperating gains	<u>2,247,544,164</u>

Investing activities

Purchases of property and equipment, net	(1,269,485,969)
--	-----------------

Financing activities

Net transfers to an HCA Healthcare, Inc. affiliate	(956,275,774)
Principal payments on finance lease obligations	(18,953,757)
Distributions to noncontrolling interests	(1,039,541)
Distributions to affiliates	(2,041,216)
Net cash used in financing activities	<u>(978,310,288)</u>

Decrease in cash	(252,093)
Cash at January 1, 2021	<u>1,660,028</u>
Cash at December 31, 2021	<u>\$ 1,407,935</u>

Supplemental information, significant non-cash activity:

Contributions from affiliates of property and equipment	\$ 191,149,365
---	----------------

See accompanying notes.

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements

December 31, 2021

1. Organization

HCA Healthcare, Inc. Hospitals in the State of Florida (the Florida Hospitals) reflects the combination of certain HCA Healthcare, Inc. affiliates in the state of Florida. HCA Healthcare, Inc. is a holding company whose affiliates own and operate hospitals and related health care entities. The term “affiliates” includes direct and indirect subsidiaries of HCA Healthcare, Inc. and partnerships and joint ventures in which such subsidiaries are partners. The term “HCA” refers to HCA Healthcare, Inc. and its affiliates unless otherwise stated or indicated by context. The Florida Hospitals is a group of general acute care hospitals which are located in the state of Florida.

The combined financial statements of the Florida Hospitals include the following facilities:

- Bay Hospital, Inc. d/b/a Gulf Coast Regional Medical Center
- Blake Medical Center a division of HCA Health Services of Florida, Inc. – an indirect wholly owned subsidiary of HCA d/b/a Blake Medical Center
- HCA Florida Brandon Hospital a division of Galencare, Inc. – an indirect wholly owned subsidiary of HCA d/b/a HCA Florida Brandon Hospital
- Central Florida Regional Hospital, Inc. d/b/a Central Florida Regional Hospital
- CFHS Sub, I, LLC d/b/a UCF Lake Nona Medical Center
- Citrus Memorial Hospital, Inc. d/b/a Citrus Memorial Hospital
- Columbia Hospital Corporation of South Broward d/b/a Westside Regional Medical Center
- Davie Medical Center, LLC d/b/a HCA Florida University Hospital
- Englewood Community Hospital, Inc. d/b/a Englewood Community Hospital
- Fawcett Memorial Hospital, Inc. d/b/a Fawcett Memorial Hospital
- Fort Walton Beach Medical Center, Inc. d/b/a Fort Walton Beach Medical Center
- Galen of Florida, Inc. d/b/a St. Petersburg General Hospital
- JFK Medical Center Limited Partnership d/b/a JFK Medical Center (a Delaware limited partnership)
- Kendall Healthcare Group, Ltd. (a Florida limited partnership) a division of Columbia Hospital Corporation of Kendall– an indirect wholly owned subsidiary of HCA d/b/a Kendall Regional Medical Center
- Largo Medical Center, Inc. d/b/a Largo Medical Center
- Lawnwood Medical Center, Inc. d/b/a Lawnwood Regional Medical Center
- Marion Community Hospital, Inc. d/b/a Ocala Regional Medical Center
- Memorial Hospital Jacksonville a division of Memorial Healthcare Group, Inc. an indirect wholly owned subsidiary of HCA d/b/a Memorial Hospital Jacksonville

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

1. Organization (continued)

- Miami Beach Healthcare Group, Ltd. (a Florida limited partnership) a division of Columbia Hospital Corporation of Miami Beach-- an indirect wholly owned subsidiary of HCA d/b/a Aventura Hospital & Medical Center
- New Port Richey Hospital, Inc. d/b/a Medical Center of Trinity
- North Florida Regional Medical Center, Inc. d/b/a North Florida Regional Medical Center
- Northside Hospital a division of Galencare, Inc. an indirect wholly owned subsidiary of HCA d/b/a Northside Hospital
- Northwest Medical Center, Inc. d/b/a Northwest Medical Center
- Notami Hospitals of Florida, Inc. d/b/a Lake City Medical Center
- Oak Hill Hospital a division of HCA Health Services of Florida, Inc. -- an indirect wholly owned subsidiary of HCA d/b/a Oak Hill Hospital
- Okaloosa Hospital, Inc. d/b/a Twin Cities Hospital
- Okeechobee Hospital, Inc. d/b/a Raulerson Hospital
- Orange Park Medical Center, Inc. d/b/a Orange Park Medical Center
- Osceola Regional Hospital, Inc. d/b/a Osceola Regional Medical Center
- Oviedo Medical Center, LLC d/b/a Oviedo Medical Center
- Palms West Hospital Limited Partnership (a Delaware limited partnership) d/b/a Palms West Hospital
- Plantation General Hospital, Limited Partnership (a Delaware limited partnership) d/b/a Plantation General Hospital
- Poinciana Medical Center, Inc. d/b/a Poinciana Medical Center
- Putnam Community Medical Center of North Florida, LLC d/b/a Putnam Community Medical Center
- Regional Medical Center Bayonet Point a division of HCA Health Services of Florida, Inc. -an indirect wholly owned subsidiary of HCA d/b/a Regional Medical Center Bayonet Point
- Saint Lucie Medical Center a division of HCA Health Services of Florida, Inc. -an indirect wholly owned subsidiary of HCA d/b/a St. Lucie Medical Center
- Sarasota Doctors Hospital, Inc. d/b/a Doctors Hospital of Sarasota
- Sebring Health Services, LLC d/b/a Highlands Regional Medical Center
- Sun City Hospital, Inc. d/b/a South Bay Hospital
- Tallahassee Medical Center, Inc. d/b/a Capital Regional Medical Center
- University Hospital, Ltd. (a Florida limited partnership) d/b/a HCA Florida Woodmont Hospital
- West Florida – MHT, LLC d/b/a HCA Florida South Tampa Hospital and HCA Florida West Tampa Hospital
- West Florida - PPH, LLC d/b/a Palms of Pasadena Hospital
- West Florida Regional Medical Center, Inc. d/b/a West Florida Hospital

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

1. Organization (continued)

All significant intercompany accounts and transactions among the Florida Hospitals have been eliminated in the combined financial statements.

The Florida Hospitals provide a full range of inpatient and outpatient services as permitted by the licenses issued to the Florida Hospitals from the state of Florida. Activities associated with the provision of health care services within the hospital setting are the major and central operations of the Florida Hospitals. Revenues and expenses arise from, and are recorded based on, the Florida Hospitals' activities.

The Florida Hospitals also engage in activities and transactions that do not relate to the direct care of patients within the hospital setting and are, therefore, incidental or peripheral to the Florida Hospitals' major ongoing operations. Activities and transactions that are incidental or peripheral to the operation of the Florida Hospitals are recorded as nonoperating gains or losses.

Substantially all of the Florida Hospitals' tangible assets are pledged as collateral under certain of HCA's outstanding indebtedness.

2. Accounting Policies

COVID-19 Pandemic

On March 11, 2021, the World Health Organization designated COVID-19 as a global pandemic. The Florida Hospitals believe the extent of the COVID-19's impact on the operating results and financial condition has been and will continue to be driven by many factors, most of which are beyond the Florida Hospitals' control and ability to forecast. Because of these uncertainties, the Florida Hospitals cannot estimate how long or to what extent COVID-19 will impact our operations.

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Revenues

Revenues generally relate to contracts with patients in which the Florida Hospitals' performance obligations are to provide health care services to the patients. Revenues are recorded during the period the Florida Hospitals' obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over periods that average approximately five days, and revenues are recognized based on charges incurred in relation to total expected charges. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payer (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by (Medicare and Medicaid) or negotiated with (managed care health plans and commercial insurance companies) the third-party payers. The payment arrangements with third-party payers for the services the Florida Hospitals provide to the related patients typically specify payments at amounts less than the Florida Hospitals' standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

Revenues are based upon the estimated amounts the Florida Hospitals expect to be entitled to receive from patients and third-party payers. Estimates of contractual allowances under managed care and commercial insurance plans are based upon the payment terms specified in the related contractual agreements. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured discounts and contractual discounts). The Florida Hospitals also record estimated implicit price concessions (based primarily on historical collection experience) related to uninsured accounts to record these revenues at the estimated amounts the Florida Hospitals expect to collect. Revenues by primary third-party payer and other (including uninsured patients) for the year ended December 31, 2021, follow:

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Revenues (continued)

	<u>2021</u>	<u>Ratio</u>
Medicare	\$2,445,083,000	20%
Managed Medicare	2,335,453,000	19
Medicaid and Managed Medicaid	731,467,000	5
Managed care and other insurers	6,422,103,000	52
Other	471,300,000	4
Revenues	<u>\$12,405,406,000</u>	<u>100%</u>

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Estimated reimbursement amounts are adjusted in subsequent periods as cost reports are prepared and filed and as final settlements are determined (in relation to certain government programs, primarily Medicare, this is generally referred to as the "cost report" filing and settlement process). The adjustments to estimated reimbursement amounts resulted in net increases to revenues of approximately \$33,113,000 in 2021.

The Emergency Medical Treatment and Labor Act ("EMTALA") requires any hospital participating in the Medicare program to conduct an appropriate medical screening examination of every person who presents to the hospital's emergency room for treatment and, if the individual is suffering from an emergency medical condition, to either stabilize the condition or make an appropriate transfer of the individual to a facility able to handle the condition. The obligation to screen and stabilize emergency medical conditions exists regardless of an individual's ability to pay for treatment. Federal and state laws and regulations require, and the Florida Hospitals' commitment to providing quality patient care encourages, the Florida Hospitals to provide services to patients who are financially unable to pay for the health care services they receive.

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Revenues (continued)

Patients treated at hospitals for non-elective care, who have income at or below 400% of the federal poverty level are eligible for charity care, and the Florida Hospitals limit the patient responsibility amounts for patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. Patients treated at hospitals for non-elective care, who have income above 400% of the federal poverty level, are eligible for certain other discounts which limit the patient responsibility amounts for these patients to a percentage of their annual household income, computed on a sliding scale based upon their annual income and the applicable percentage of the federal poverty level. The Florida Hospitals apply additional discounts to limit patient responsibility for certain emergency services. The federal poverty level is established by the federal government and is based on income and family size. Because the Florida Hospitals do not pursue collection of amounts determined to qualify as charity care, they are not reported in revenues. The Florida Hospitals provide discounts to uninsured patients who do not qualify for Medicaid or charity care. The Florida Hospitals may attempt to provide assistance to uninsured patients to help determine whether they may qualify for Medicaid, other federal or state assistance, or charity care. If an uninsured patient does not qualify for these programs, the uninsured discount is applied.

The collection of outstanding receivables from Medicare, Medicaid, managed care payers, other third-party payers and patients is the Florida Hospitals' primary source of cash and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable collection efforts have been performed.

The estimates for implicit price concessions are based upon management's assessment of historical writeoffs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. The results of detailed reviews of historical writeoffs and collections are the primary source of information in estimating the collectability of the accounts receivable. The Florida Hospitals perform the hindsight analysis quarterly, utilizing rolling twelve-months accounts receivable collection and write-off data. The Florida Hospitals believe the quarterly updates to the estimated implicit price concession amounts provide reasonable estimates of the revenues and valuations of the accounts receivable. These routine, quarterly changes in estimates have not resulted in material adjustments to the valuations of the accounts receivable or results of operations.

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Revenues (continued)

To quantify the total impact of uninsured accounts, the Florida Hospitals believe it is beneficial to view total uncompensated care, which is comprised of charity care, uninsured discounts and implicit price concessions. Total uncompensated care for the year ended December 31, 2021 was \$9,060,418,000. The estimated cost of total uncompensated care was \$725,012,000 (including \$339,982,000 related to charity care). These estimates are based on the cost-to-charges ratio of patient care costs; including salaries and benefits, supplies, other operating expenses and depreciation, to gross patient charges.

Nonoperating Gains, net

Nonoperating gains represent the net results of operations from activities or transactions incidental or peripheral to the direct care of patients within the hospital setting and are primarily comprised of interest income and certain interest expense on amounts due from/to an HCA affiliate, property management activities, rental activities and contract services to other providers.

Accounts Receivable

The Florida Hospitals receive payment for services rendered from federal and state agencies (under the Medicare, Medicaid and other programs), managed care health plans, commercial insurance companies, employers and patients. The Florida Hospitals recognize that revenues and receivables from government agencies are significant to the Florida Hospitals' operations, but do not believe there are significant credit risks associated with these government agencies. During 2021, approximately 12% and 17% of the Florida Hospitals' revenues related to patients participating in each of the BlueCross and United programs, respectively. The Florida Hospitals do not believe there are any other significant concentrations of revenues from any particular payer that would subject the Florida Hospitals to any significant credit risks in the collection of its accounts receivable. Changes in general economic conditions, patient accounting service center operations, payer mix, or federal or state governmental health care coverage could affect the Florida Hospitals' collection of accounts receivable, cash flows and results of operations.

Inventories

Inventories consist principally of pharmaceuticals and supplies and are stated at the lower of cost (first-in, first-out) or market.

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Property and Equipment

Depreciation expense is computed using the straight-line method. Buildings and improvements are depreciated over estimated useful lives ranging generally from 10 to 40 years. Estimated useful lives of equipment vary generally from four to 10 years.

When events, circumstances or operating results indicate the carrying values of property and equipment expected to be held and used might be impaired, the Florida Hospitals prepare projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition. If the projections indicate the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value. Fair value may be estimated based upon internal evaluations that include quantitative analyses of revenues and cash flows, reviews of recent sales of similar assets and independent appraisals.

Property and equipment to be disposed of are reported at the lower of the carrying amounts or fair value less costs to sell or close. The estimates of fair value are usually based upon recent sales of similar assets and market responses based upon discussions with and offers received from potential buyers.

Goodwill

Goodwill is not amortized but is subject to annual impairment reviews. In addition to the annual impairment review, impairment reviews are performed whenever circumstances indicate a possible impairment may exist. The Florida Hospitals compare the fair value of the combined entity to its carrying value, on at least an annual basis, to determine if there is potential impairment. If the fair value of the combined entity is less than its carrying value, an impairment loss is recognized. Fair value is estimated based upon internal evaluations of the entity that include quantitative analyses of revenues and cash flows and reviews of recent sales of similar facilities.

Noncontrolling Interests

The combined financial statements include all assets, liabilities, revenues and expenses of less than 100% owned entities that the Florida Hospitals control. Accordingly the Florida Hospitals have recorded noncontrolling interests in the earnings and equity of such entities.

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Due from/to an HCA Healthcare, Inc. Affiliate

Due from/to an HCA Healthcare, Inc. affiliate, in part, represents the net excess/deficit of funds transferred to a cash management account of an HCA affiliate over funds transferred to, or paid on behalf of, the Florida Hospitals. Generally, this balance is impacted by automatic cash transfers from the account to reimburse the Florida Hospitals' bank accounts for operating expenses and to pay for certain completed construction project additions; and fees and services provided by HCA affiliates, including information systems services, certain shared services and other operating expenses (such as payroll, interest, insurance, and income taxes); and through daily transfers of cash by the Florida Hospitals to the account.

Information systems services fees represent an allocation of mainframe and other systems processing costs and the costs of related support services. The cost of these information systems services for the year ended December 31, 2021, was approximately \$226,520,000, of which approximately \$226,416,000 is included in the accompanying combined income statement as a component of other operating expenses and approximately \$103,000 is included as a component of nonoperating gains, net. Shared services fees represent an allocation of certain costs incurred by HCA affiliates to perform patient accounting and supplies management functions, including billing, collecting, purchasing, warehousing and distribution at centralized locations on behalf of the Florida Hospitals. The cost of these shared services for the year ended December 31, 2021, was approximately \$575,007,000, of which approximately \$570,471,000 is included in the accompanying combined income statement as a component of other operating expenses, approximately \$3,970,000 is included as a component of depreciation expense and approximately \$566,000 is included as a component of nonoperating gains, net. Management fees represent an allocation of corporate office expenses from HCA affiliates.

During the year ended December 31, 2021, the Florida Hospitals paid approximately \$453,794,000 to an HCA affiliate for contract staffing, which is included in the accompanying combined income statement as a component of salaries and benefits.

During the year ended December 31, 2021, the Florida Hospitals paid approximately \$169,578,000 to an HCA affiliate for outsourced lab services, of which approximately \$101,322,000 is included in the accompanying combined income statement as a component of salaries and benefits and approximately \$68,256,000 is included as a component of other operating expenses.

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Due from/to an HCA Healthcare, Inc. Affiliate (continued)

The Florida Hospitals are charged interest monthly on amounts due to an HCA affiliate at a variable rate of prime plus 2% (5.25% at December 31, 2021) based on the outstanding balance for the prior month-end, pursuant to an arrangement with an HCA affiliate. For amounts due from an HCA affiliate, the Florida Hospitals receive interest income monthly at a variable rate of prime plus 2% (5.25% at December 31, 2021) based on the outstanding balance for the prior month-end, pursuant to an arrangement with an HCA affiliate. Interest expense under these arrangements for the year ended December 31, 2021, was approximately \$84,657,000, of which approximately \$35,901,000 is included in the accompanying combined income statement as interest expense and approximately \$48,756,000 is included as a component of nonoperating gains, net. Interest income under these arrangements of approximately \$590,187,000 is included in the accompanying combined income statement as a component of nonoperating gains, net.

A summary of amounts due from/(to) an HCA Healthcare, Inc. affiliate at December 31, 2021, follows:

8.36% medium-term notes; due 2024; allocated from an HCA affiliate	\$(1,500,000)
Due from an HCA affiliate, net	\$9,629,091,000

All principal and interest payments on debt allocated from an HCA affiliate are made on behalf of the Florida Hospitals by an HCA affiliate. The difference between the carrying value and the fair value of the debt allocated from an HCA affiliate is not material.

Income Taxes

HCA Healthcare, Inc. files consolidated federal and state income tax returns which include the accounts of the Florida Hospitals. The provision for income taxes is determined utilizing maximum federal and state statutory rates applied to income before income taxes, exclusive of income attributed to partnerships where income is taxed at the partner level.

Income tax benefits or liabilities, including deferred amounts, are reflected in the amounts due to/from an HCA affiliate. All income tax payments are made on behalf of the Florida Hospitals by an HCA affiliate.

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Insurance Programs

Risks related to professional and general liability claims have been transferred to HCA affiliates and these affiliates maintain the related reserves (including reserves for deductibles); accordingly, no reserve for professional and general liability risks is recorded on the accompanying combined balance sheet. The costs of professional and general liability coverage are allocated by the HCA affiliates to the Florida Hospitals based on actuarially determined estimates. The cost for the year ended December 31, 2021, net of any incentive credits earned, was approximately \$227,728,000, of which approximately \$227,102,000 is included in the accompanying combined income statement as a component of other operating expenses and approximately \$626,000 is included as a component of nonoperating gains, net.

The Florida Hospitals participate in a self-insured program for workers' compensation claims which is administered by an HCA affiliate. The cost of this self-insured coverage is allocated to all participating HCA affiliates based, in part, on actual claims experience. The cost for the year ended December 31, 2021, was approximately \$29,676,000 of which approximately \$29,675,000 is included as a component of salaries and benefits in the accompanying combined income statement and approximately \$1,000 is included as a component of nonoperating gains, net.

The Florida Hospitals participate in a self-insurance program for employee health insurance which is administered by an HCA affiliate. The cost of the self-insured coverage is allocated by the HCA affiliate to the Florida Hospitals based on actual claims incurred. The reserve for incurred but not paid claims is maintained by an HCA affiliate and adjusted, as necessary, through additional allocations of cost or credits to all HCA affiliates participating in the self-insured program. The cost of the employee health insurance program for the year ended December 31, 2021, was approximately \$217,776,000 of which approximately \$217,231,000 is included as a component of salaries and benefits in the accompanying combined income statement and approximately \$545,000 is included as a component of nonoperating gains, net.

Services provided by the Florida Hospitals for self-insured claims related to employees and their dependents, excluding copayments and deductibles, are not reported as a component of revenues, and the corresponding employee medical expense allocations are not reported as a component of salaries and benefits in the accompanying combined income statement. Claims for these services were approximately \$137,834,000 for the year ended December 31, 2021.

Comprehensive Income

The Florida Hospitals' comprehensive income is equal to net income for the year ended December 31, 2021.

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Use of Estimates

The preparation of combined financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the combined financial statements and accompanying notes. Actual results could differ from those estimates.

3. Retirement Plans

The Florida Hospitals participate in HCA's contributory benefit plans, which are available to employees who meet certain minimum requirements, and require that HCA match on behalf of the Florida Hospitals certain percentages of participants' contributions up to certain maximum levels. The cost of these plans for the year ended December 31, 2021, was approximately \$81,951,000, of which approximately \$81,788,000 is included as a component of salaries and benefits in the accompanying combined income statement and approximately \$163,000 is included as a component of nonoperating gains, net.

4. Leases

The Florida Hospitals lease property and equipment under finance and operating leases. For leases with terms greater than 12 months, the related assets and obligations are recorded at the present value of lease payments over the term. Many of the leases include rental escalation clauses and renewal options that are factored into our determination of lease payments, when appropriate. The Florida Hospitals do not separate lease and nonlease components of contracts. Generally, the estimated incremental borrowing rate is used to discount the lease payments, as most of the leases do not provide a readily determinable implicit interest rate.

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

4. Leases (continued)

The following table presents lease-related assets and liabilities as of December 31, 2021:

	Balance Sheet Classification	December 31, 2021
Assets:		
Operating leases	Right-of-use operating lease assets	\$132,951,000
Finance leases	Property and equipment	<u>78,258,000</u>
Total lease assets		<u>\$211,209,000</u>
Liabilities:		
Current:		
Operating leases	Accrued expenses	\$ 30,704,000
Finance leases	Current portion of finance lease obligations	19,398,000
Noncurrent:		
Operating leases	Right-of-use operating lease obligations	104,759,000
Finance leases	Finance lease obligations	<u>65,501,000</u>
Total lease liabilities		<u>\$220,362,000</u>
Weighted-average remaining term:		
Operating leases		9.6 years
Finance leases		4.4 years
Weighted-average discount rate:		
Operating leases		3.8%
Finance leases		1.9%

The following table presents certain information related to lease expense for finance and operating leases for the year ended December 31, 2021:

Finance lease expense:	
Depreciation	\$ 21,661,000
Interest expense	<u>1,562,000</u>
Total finance lease expense	23,223,000
Operating lease expense (including short-term and variable lease expenses):	
Included in other operating expenses	121,138,000
Included in nonoperating gains, net	<u>5,316,000</u>
Total lease expense	<u>\$ 149,667,000</u>

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

4. Leases (continued)

The following table presents supplemental cash flow information for the year ended December 31, 2021:

Cash paid for amounts included in the measurement of lease liabilities:	
Operating cash flows for operating leases	\$ 35,860,000
Operating cash flows for finance leases	1,417,000
Financing cash flows for finance leases	18,954,000

Maturities of Lease Liabilities

The following table reconciles the undiscounted minimum lease payment amounts to the operating and finance lease liabilities recorded on the balance sheet at December 31, 2021, are as follows:

	<u>Operating Leases</u>	<u>Finance Leases</u>
2022	\$ 34,282,000	\$ 20,598,000
2023	26,231,000	20,560,000
2024	19,309,000	20,226,000
2025	15,591,000	18,643,000
2026	12,566,000	8,287,000
Thereafter	64,762,000	-
Total minimum lease payments	<u>172,741,000</u>	<u>88,314,000</u>
Less amounts representing interest	<u>(37,278,000)</u>	<u>(3,415,000)</u>
Present value of future minimum lease payments	135,463,000	84,899,000
Less: current lease obligations	(30,704,000)	(19,398,000)
Long-term lease obligations	<u>\$ 104,759,000</u>	<u>\$ 65,501,000</u>

HCA Healthcare, Inc. Hospitals in the State of Florida

Notes to Combined Financial Statements (continued)

5. Commitments and Contingencies

The Florida Hospitals operate in a highly regulated and litigious industry. As a result, various lawsuits, claims, and legal and regulatory proceedings have been and can be expected to be instituted or asserted against it. The Florida Hospitals are subject to claims and suits arising in the ordinary course of business, including claims for personal injuries or wrongful restriction of, or interference with, physicians' staff privileges. In certain of these actions, the claimants may seek punitive damages against the Florida Hospitals which may not be covered by insurance. The Florida Hospitals are subject to claims for additional taxes and related interest and penalties. The resolution of any such lawsuits, claims, or legal and regulatory proceedings could have a material, adverse effect on the Florida Hospitals' results of operations or financial position.

6. Subsequent Events

The Florida Hospitals evaluated all events or transactions that occurred after December 31, 2021 through May 13, 2022, the date the combined financial statements were available to be issued.

Supplementary Information

HCA Healthcare, Inc. Hospitals in the State of Florida
Combining Balance Sheet
December 31, 2021

	Bay Hospital, Inc. d/b/a Gulf Coast Regional Medical Center	Blake Medical Center a division of HCA Health Services of Florida, Inc. d/b/a Blake Medical Center	HCA Florida Brandon Hospital a division of GalenCare, Inc. d/b/a HCA Florida Brandon Hospital	Central Florida Regional Hospital, Inc. d/b/a Central Florida Regional Hospital	CFHS SUB I, LLC d/b/a UCF Lake Nona Medical Center	Citrus Memorial Hospital, Inc. d/b/a Citrus Memorial Hospital	Columbia Hospital Corporation of South Broward d/b/a Westside Regional Medical Center	Davis Medical Center d/b/a HCA Florida University
Assets								
Current assets								
Cash	\$ 5,475	\$ 4,191	\$ 36,430	\$ 26,166	\$ -	\$ 1,540	\$ 54,638	\$ 409
Accounts receivable	51,339,802	43,031,622	66,339,937	31,105,290	9,796,794	21,007,476	45,117,160	9,015,521
Inventories	9,346,162	10,965,764	9,080,130	8,174,853	1,837,790	7,087,109	9,025,127	2,480,693
Prepaid expenses and other current assets	19,920,511	3,528,806	1,804,178	8,371,965	709,731	4,157,495	7,072	1,528,122
Estimatal receivable(payable) under third-party reimbursement programs	(55,743)	1,026,727	(1,041,797)	1,022,467	-	(670,233)	(129,370)	-
	60,556,207	48,459,110	76,238,878	48,709,741	12,434,315	31,583,387	54,135,227	13,024,805
Property and equipment, at cost								
Land	9,237,907	2,608,697	16,235,217	18,038,106	40,399,825	-	8,427,523	30,667,789
Buildings	87,302,183	75,533,500	159,426,655	41,793,683	63,254,026	55,805,501	117,379,614	264,775,800
Equipment	141,121,639	125,286,818	222,612,223	83,524,306	104,261,507	90,978,059	166,008,832	64,112,461
Construction in progress	32,055,081	17,399,861	24,346,389	5,361,893	366,526	1,557,362	2,958,635	734,721
	269,716,810	220,928,876	422,720,484	148,487,988	208,281,884	148,420,922	294,834,604	360,290,771
Accumulated depreciation	(108,435,671)	(131,221,592)	(210,103,220)	(83,603,227)	(9,987,449)	(55,112,728)	(170,483,156)	(14,609,938)
	161,281,139	89,707,284	212,617,264	65,484,761	198,294,435	93,308,194	124,351,448	345,680,833
Goodwill	7,900,920	9,884,598	552,805	8,906,529	-	53,111,223	-	2,729,586
Due from/to an HCA Holdings, Inc. affiliate	130,986,882	387,054,546	1,064,433,288	125,209,262	(17,879,210)	(158,422,328)	476,708,091	(361,714,876)
Right-of-use operating lease assets	364,557	608,396	1,707,800	89,459	11,041,935	7,911	890,383	429,308
Other assets	85,749	29,062	830	230,293	15,100,000	-	11,582	98,662
Total assets	\$ 361,395,444	\$ 545,920,996	\$ 1,355,530,865	\$ 248,621,055	\$ 218,991,475	\$ 39,588,267	\$ 656,096,731	\$ 248,318
Liabilities and equity								
Current liabilities								
Accounts payable	\$ 10,966,273	\$ 10,759,575	\$ 17,726,929	\$ 9,790,883	\$ 2,606,998	\$ 7,324,700	\$ 9,570,982	\$ 6,526,879
Accrued expenses	11,450,334	10,577,226	16,081,913	8,593,510	3,630,653	7,763,992	11,156,003	4,893,970
Current portion of finance lease obligations	539,070	962,361	444,232	144,136	297,519	382,849	735,513	202,541
	22,955,677	22,299,162	34,253,074	18,528,529	6,535,170	15,471,541	21,462,498	11,623,390
Other liabilities	3,246,608	3,584,876	5,768,866	2,748,932	11,029,348	2,492,644	3,888,322	62,910
Finance lease obligations	1,889,438	3,144,638	1,791,911	601,197	915,517	1,530,385	2,359,783	702,339
Right-of-use operating lease obligations	360,527	362,745	1,508,210	46,573	10,064,056	-	410,963	341,684
Notes payable to an HCA Holdings, Inc. affiliate	-	-	-	-	-	-	-	-
Equity (deficit)	332,943,194	516,529,575	1,312,208,804	226,695,824	190,437,384	20,093,817	627,977,165	(12,482,005)
Noncontrolling interests	-	-	-	-	-	-	-	-
	332,943,194	516,529,575	1,312,208,804	226,695,824	190,437,384	20,093,817	627,977,165	(12,482,005)
Total liabilities and equity (deficit)	\$ 361,395,444	\$ 545,920,996	\$ 1,355,530,865	\$ 248,621,055	\$ 218,991,475	\$ 39,588,267	\$ 656,096,731	\$ 248,318

HCA Healthcare, Inc. Hospitals in the State of Florida
Combining Balance Sheet (continued)
December 31, 2021

	Englewood Community Hospital, Inc. d/b/a Englewood Community Hospital	Fawcett Memorial Hospital, Inc. d/b/a Fawcett Memorial Hospital	Fort Walton Beach Medical Center, Inc. d/b/a Fort Walton Beach Medical Center	Galen of Florida, Inc. d/b/a St. Petersburg General Hospital	JFK Medical Center Limited Partnership d/b/a JFK Medical Center	Kendall Healthcare Group, Ltd. d/b/a Kendall Regional Medical Center	Largo Medical Center, Inc. d/b/a Largo Medical Center	Lawwood Medical Center, Inc. d/b/a Lawwood Regional Medical Center
Assets								
Current assets								
Cash	\$ 175	\$ 750	\$ 12,531	\$ 2,600	\$ 5,397	\$ 49,733	\$ 315	\$ 1,309
Accounts receivable	6,820,512	25,938,301	38,374,864	12,829,860	93,301,169	104,410,154	47,857,168	71,955,426
Inventories	2,480,805	7,381,961	8,102,185	2,710,588	18,528,980	16,107,522	13,421,518	14,827,192
Prepaid expenses and other current assets	1,575,422	4,240,060	9,144,508	519,289	17,569,728	22,468,758	1,102,467	20,104,005
Estimate of receivable (payable) under third-party reimbursement programs	-	(8,262)	1,649,040	116,736	2,333,404	(733,153)	838,710	716,843
	10,876,912	37,552,810	56,683,128	16,179,073	131,738,678	142,302,814	63,240,176	107,904,775
Property and equipment, at cost								
Land	1,169,632	14,932,180	8,788,515	1,509,394	13,403,491	9,140,949	18,082,370	7,284,111
Buildings	19,926,236	80,843,587	146,305,099	51,632,992	266,610,332	173,778,057	92,970,223	79,651,793
Equipment	33,541,033	103,615,340	128,472,250	64,363,126	354,397,689	245,185,390	147,909,134	127,519,078
Construction in progress	4,584,540	7,432,855	1,091,157	141,631	8,947,064	17,322,060	20,244,279	56,994,837
	58,521,441	206,823,962	284,562,021	117,647,143	643,358,576	445,426,456	279,206,406	271,449,819
Accumulated depreciation	(38,137,157)	(114,097,106)	(148,714,127)	(85,486,094)	(375,893,619)	(223,073,103)	(143,036,941)	(131,098,981)
	20,384,284	92,726,856	135,847,894	32,161,049	267,464,957	222,353,353	136,269,465	140,350,838
Goodwill	-	12,972,398	-	-	92,751,044	5,304,924	12,546,865	11,583,321
Due from (to) an HCA Holdings, Inc. affiliate	36,347,525	110,997,096	366,922,019	128,800,530	(20,339,731)	734,814,985	473,469,205	322,711,216
Right-of-use operating lease assets	264,067	2,303,934	10,381,860	141,967	6,545,441	14,646,099	1,929,187	1,291,159
Other assets	40,410	17,004	399,093	24,196	210,958	80,595	65,700	-
Total assets	\$ 67,913,198	\$ 256,480,098	\$ 570,233,984	\$ 177,306,815	\$ 478,371,347	\$ 1,119,403,370	\$ 686,520,198	\$ 582,841,309
Liabilities and equity								
Current liabilities								
Accounts payable	\$ 1,969,697	\$ 6,287,804	\$ 10,657,891	\$ 2,962,822	\$ 27,107,735	\$ 21,013,849	\$ 13,958,962	\$ 15,959,957
Accrued expenses	2,994,847	8,130,539	11,801,381	4,168,158	30,147,063	23,799,700	13,125,399	18,733,262
Current portion of finance lease obligations	245,143	273,171	364,453	561,260	704,480	606,406	641,103	385,914
	5,209,687	14,691,514	22,823,724	7,692,240	57,959,278	45,419,955	27,725,464	35,089,133
Other liabilities	809,124	2,477,588	3,644,857	1,344,779	8,284,781	11,682,190	4,246,059	5,039,455
Finance lease obligations	749,426	755,693	1,495,154	2,009,919	2,639,505	2,622,257	2,134,405	1,444,848
Right-of-use operating lease obligations	122,219	1,601,355	10,236,206	104,024	3,095,282	12,495,750	1,124,440	634,590
Notes payable to an HCA Holdings, Inc. affiliate	-	-	-	-	-	-	-	-
Equity (deficit)	61,022,742	236,953,948	532,003,843	166,155,853	406,392,501	1,047,862,718	651,289,830	541,663,283
Noncontrolling interests	-	-	-	-	-	-	-	-
	61,022,742	236,953,948	532,003,843	166,155,853	406,392,501	1,047,862,718	651,289,830	541,663,283
Total liabilities and equity (deficit)	\$ 67,913,198	\$ 256,480,098	\$ 570,233,984	\$ 177,306,815	\$ 478,371,347	\$ 1,119,403,370	\$ 686,520,198	\$ 582,841,309

HCA Healthcare, Inc. Hospitals in the State of Florida
Combining Balance Sheet (continued)

December 31, 2021

	Marion Community Hospital, Inc. d/b/a Ocala Regional Medical Center	Memorial Hospital Jacksonville a division of Memorial Healthcare Group, Inc. d/b/a Memorial Hospital Jacksonville	Miami Beach Healthcare Grp, Ltd. a division of Columbia Hospital Corporation of Miami Beach d/b/a Aventura Hospital & Medical Ctr	New Port Richey Hospital, Inc. d/b/a Medical Center of Trinity	North Florida Regional Medical Center, Inc. d/b/a North Florida Regional Medical Center	Northside Hospital a division of Galencare, Inc. d/b/a Northside Hospital	Northwest Medical Center, Inc. d/b/a Northwest Medical Center	Notami Hospitals of Florida, Inc. d/b/a Lake City Medical Center
Assets								
Current assets								
Cash	\$ 22,449	\$ -	\$ 223,897	\$ 3,189	\$ 637,417	\$ 7,496	\$ 7,579	\$ 50,514
Accounts receivable	91,495,096	77,312,444	67,694,903	37,090,976	75,427,863	20,199,328	35,825,628	16,209,930
Inventories	16,805,556	14,332,357	14,821,284	6,328,622	19,596,861	6,832,150	7,169,365	7,356,348
Prepaid expenses and other current assets	11,792,964	15,708,828	11,064,086	1,070,312	13,240,559	785,517	854,751	4,079,327
Estimated receivable/(payable) under third-party reimbursement programs	(1,209,371)	737,727	(1,482,619)	2,360,549	(1,870,744)	748,818	40,867	548,975
	118,904,694	108,091,336	92,521,551	46,875,648	107,031,936	28,569,309	43,874,190	24,236,094
Property and equipment at cost								
Land	39,324,778	33,887,087	11,961,102	45,153,907	25,247,060	3,460,089	8,086,739	7,546,326
Buildings	168,779,255	213,599,094	227,797,841	154,083,659	203,503,430	68,083,433	88,608,686	28,775,682
Equipment	304,355,635	276,040,620	209,533,501	193,895,860	260,442,958	100,034,711	146,595,951	67,828,455
Construction in progress	32,289,036	3,103,556	5,825,812	465,522	6,555,011	6,279,871	4,007,634	3,391,604
	544,648,704	528,630,337	455,118,256	393,598,348	495,749,079	177,857,024	247,348,930	103,642,067
Accumulated depreciation	(218,204,651)	(318,084,967)	(225,995,338)	(141,336,624)	(244,050,282)	(121,779,845)	(122,786,341)	(54,246,604)
	326,444,053	210,545,370	229,122,918	252,261,724	251,698,797	56,077,179	124,652,589	49,395,463
Goodwill	7,947,823	-	402,117	9,807,429	25,187,114	-	11,179,444	4,541,203
Due from/to an HCA Holdings, Inc. affiliate	260,253,642	1,015,138,722	266,522,076	(193,340,166)	505,936,615	80,937,456	112,784,167	58,205,381
Right-of-use operating lease assets	563,635	10,162,996	1,182,406	282,815	2,686,261	-	11,163,711	318,929
Other assets	92,493	141,517	(1)	-	611,606	18,671	704,161	(643,432)
Total assets	\$ 714,206,340	\$ 1,344,079,941	\$ 589,551,067	\$ 115,885,450	\$ 893,152,329	\$ 135,602,615	\$ 304,298,262	\$ 136,053,638
Liabilities and equity								
Current liabilities								
Accounts payable	\$ 22,884,738	\$ 15,679,840	\$ 14,718,471	\$ 9,659,662	\$ 21,848,542	\$ 6,626,722	\$ 8,407,092	\$ 4,300,049
Accrued expenses	22,510,050	27,346,367	16,503,112	11,746,635	22,490,625	6,317,377	12,549,274	5,605,574
Current portion of finance lease obligations	361,548	681,487	355,076	1,310,527	554,237	41,190	427,951	329,447
	45,756,336	43,707,694	31,576,659	22,716,224	44,893,404	12,985,289	21,384,317	10,235,076
Other liabilities	6,716,048	5,407,320	4,764,714	3,611,640	8,741,326	2,516,544	3,004,585	1,682,152
Finance lease obligations	1,299,086	1,588,237	1,187,627	4,599,679	2,003,807	171,806	1,486,522	1,141,114
Right-of-use operating lease obligations	83,879	8,461,957	469,826	85,648	1,936,400	-	9,230,106	204,397
Notes payable to an HCA Holdings Inc. affiliate	-	-	-	-	-	-	-	-
Equity (deficit)	660,350,991	1,284,914,833	551,352,241	84,872,259	825,352,659	119,928,879	269,192,732	122,654,420
Noncontrolling interests	-	-	-	-	10,224,733	-	-	136,485
	660,350,991	1,284,914,833	551,352,241	84,872,259	835,577,392	119,928,879	269,192,732	122,790,905
Total liabilities and equity (deficit)	\$ 714,206,340	\$ 1,344,079,941	\$ 589,551,067	\$ 115,885,450	\$ 893,152,329	\$ 135,602,615	\$ 304,298,262	\$ 136,053,638

HCA Healthcare, Inc. Hospitals in the State of Florida
 Combining Balance Sheet (continued)
 December 31, 2021

	Oak Hill Hospital division of HCA Health Services of Florida, Inc. d/b/a Oak Hill Hospital	Okaloosa Hospital, Inc. d/b/a Twin Cities Hospital	Okceehobee Hospital, Inc. d/b/a Rauterson Hospital	Orange Park Medical Center, Inc. d/b/a Orange Park Medical Center	Osceola Regional Hospital, Inc. d/b/a Osceola Regional Medical Center	Oviedo Medical Center, LLC d/b/a Oviedo Medical Center	Palms West Hospital Limited Partnership d/b/a Palms West Hospital	Plantation General Hospital Limited Partnership d/b/a Plantation General Hospital
Assets								
Current assets								
Cash	\$ -	\$ 2,538	\$ 32,654	\$ -	\$ 1,868	\$ 62,477	\$ 3,035	\$ 49,427
Accounts receivable	41,617,739	7,813,126	8,553,549	58,882,371	71,016,972	14,947,186	26,291,674	68,310,347
Inventories	7,074,865	2,440,827	2,039,868	8,753,556	10,594,377	3,935,577	4,646,282	10,369,106
Prepaid expenses and other current assets	10,426,165	897,348	396,974	14,372,745	18,699,933	3,637,297	13,393,180	12,211,766
Estimated receivable/(payable) under third-party reimbursement programs	257,292	17,115	6,345,858	4,094,852	356,264	(1,138,380)	44,304	(1,446,744)
	59,372,199	11,170,954	17,368,883	86,065,524	100,669,514	21,444,157	45,378,475	89,493,902
Property and equipment at cost								
Land	8,922,478	6,750,058	1,030,600	16,985,193	12,149,046	34,201,524	7,742,760	80,523,314
Buildings	97,148,112	19,860,793	12,373,419	138,114,209	93,971,724	53,266,946	50,127,785	168,548,349
Equipment	178,995,379	43,355,271	38,709,990	222,827,356	193,923,235	81,554,285	107,704,679	199,799,738
Construction in progress	16,822,347	259,575	2,327,676	1,395,708	15,696,963	48,846	2,294,636	10,937,381
	301,888,316	70,225,697	54,501,685	379,322,466	315,740,968	159,071,601	167,869,860	459,808,782
Accumulated depreciation	(162,954,797)	(39,017,995)	(35,686,519)	(178,025,964)	(166,156,333)	(51,138,718)	(109,864,990)	(240,155,438)
	138,933,519	31,207,702	18,815,166	201,296,502	149,584,635	107,932,883	58,004,870	219,653,344
Goodwill	6,826,941	2,628,725	3,591,981	4,807,243	2,874,927	-	-	9,110,575
Due from/to an HCA Holdings, Inc. affiliate	443,549,114	104,722,612	248,685,627	120,811,716	433,311,317	(114,593,199)	765,864,508	59,913,703
Right-of-use operating lease assets	552,609	596,258	614,510	1,032,152	7,870,199	-	3,166,790	12,348,800
Other assets	10,200	-	110,907	1,599,384	107,492	56,715	726,014	7,227
Total assets	\$ 649,244,632	\$ 150,326,251	\$ 289,187,174	\$ 414,810,521	\$ 692,417,884	\$ 14,930,556	\$ 473,080,657	\$ 390,527,551
Liabilities and equity								
Current liabilities								
Accounts payable	\$ 14,717,691	\$ 1,681,921	\$ 2,380,329	\$ 13,605,264	\$ 15,042,367	\$ 3,740,854	\$ 6,472,018	\$ 14,259,572
Accrued expenses	12,192,065	3,439,438	4,191,433	15,854,375	20,072,056	3,980,710	10,281,618	18,900,582
Current portion of finance lease obligations	747,662	315,266	244,827	201,249	491,371	214,904	273,135	764,959
	27,657,418	5,436,625	6,816,589	29,660,888	35,605,794	7,936,468	17,026,771	33,925,113
Other liabilities	4,121,158	746,150	972,023	4,670,597	5,696,883	1,140,283	2,746,151	9,977,961
Finance lease obligations	2,129,666	1,132,457	852,932	833,301	1,782,919	624,933	944,297	2,403,954
Right-of-use operating lease obligations	301,184	389,556	272,775	761,882	5,961,953	-	2,301,791	10,544,706
Notes payable to an HCA Holdings, Inc. affiliate	1,580,000	-	-	-	-	-	-	-
Equity (deficit)	613,535,206	142,621,463	280,272,855	378,883,853	643,370,335	5,228,872	450,061,647	333,675,817
Noncontrolling interests	-	-	-	-	-	-	-	-
	613,535,206	142,621,463	280,272,855	378,883,853	643,370,335	5,228,872	450,061,647	333,675,817
Total liabilities and equity (deficit)	\$ 649,244,632	\$ 150,326,251	\$ 289,187,174	\$ 414,810,521	\$ 692,417,884	\$ 14,930,556	\$ 473,080,657	\$ 390,527,551

HCA Healthcare, Inc. Hospitals in the State of Florida
Combining Balance Sheet (continued)

December 31, 2021

	Poinciana Medical Center, Inc. d/b/a Poinciana Medical Center	Putnam Community Medical Center of North Florida, LLC d/b/a Putnam Community Medical Center	Reg Medical Center Bayonet Point a division of HCA Health Services of Florida, Inc. d/b/a Regional Medical Center Bayonet Point	Saint Lucie Medical Center a division of HCA Health Services of Florida, Inc. d/b/a St. Lucie Medical Center	Sarasota Doctors Hospital, Inc. d/b/a Doctors Hospital of Sarasota	Sebring Health Services, LLC d/b/a Highlands Regional Medical Center	Sun City Sun City Hospital, Inc. d/b/a South Bay Hospital	Tallahassee Medical Center, Inc. d/b/a Capital Regional Medical Center
Assets								
Current assets								
Cash	\$ 1,104	\$ 12,578	\$ 1,578	\$ 49,040	\$ 1,551	\$ 3,097	\$ 1,480	\$ 11,514
Accounts receivable	15,220,405	9,926,217	49,517,647	30,408,664	22,941,072	9,386,471	10,047,312	78,506,540
Inventories	2,336,491	1,764,868	11,399,782	5,668,580	5,255,617	2,808,327	2,321,160	6,577,824
Prepaid expenses and other current assets	4,216,139	5,863,580	572,171	6,851,642	3,744,353	327,945	376,762	19,714,471
Estimated receivable (payable) under third-party reimbursement programs	174,873	(389,183)	(1,103,906)	(1,547,842)	(12,263)	(136,784)	(10,560)	669,830
	21,949,012	17,178,660	60,387,372	41,490,084	31,930,330	12,389,656	12,735,754	65,480,179
Property and equipment, at cost								
Land	8,326,776	1,215,000	8,006,466	4,467,561	10,833,924	400,000	13,091,158	15,341,822
Buildings	39,231,599	8,546,316	78,212,027	45,799,149	72,787,222	8,421,287	34,309,579	87,726,669
Equipment	65,095,192	37,075,248	121,568,814	92,471,428	74,449,690	22,980,559	56,245,644	143,988,940
Construction in progress	394,199	12,176,822	8,415,165	1,073,511	353,543	170,934	622,573	20,383,831
	113,047,766	59,013,386	216,202,402	143,811,649	158,424,179	31,972,780	104,268,954	267,441,192
Accumulated depreciation	(41,962,395)	(29,688,672)	(133,415,443)	(103,623,171)	(80,188,650)	(13,898,389)	(58,715,499)	(142,282,992)
	71,085,371	38,324,714	82,787,059	40,188,478	77,235,529	18,074,391	45,553,455	125,158,200
Goodwill	-	-	9,566,239	7,749,900	18,886,395	652,138	-	8,499,384
Due from/to an HCA Holdings, Inc. affiliate	(22,781,669)	(15,852,627)	719,555,118	657,890,820	128,997,223	(30,419,729)	(18,752,780)	304,017,135
Right-of-use operating lease assets	5,548,093	396,090	432,996	2,678,875	1,147,549	1,548,327	109,834	5,403,604
Other assets	6,530	-	-	33,200	2,663,543	111,610	7,910	67,697
Total assets	\$ 75,807,337	\$ 40,046,237	\$ 872,728,664	\$ 750,031,357	\$ 260,860,769	\$ 2,355,793	\$ 39,653,273	\$ 508,626,199
Liabilities and equity								
Current liabilities								
Accounts payable	\$ 2,181,293	\$ 4,315,537	\$ 15,787,671	\$ 5,773,350	\$ 5,872,266	\$ 3,422,049	\$ 2,321,149	\$ 9,025,404
Accrued expenses	2,775,484	3,750,229	11,266,955	12,936,501	7,658,786	4,474,532	3,698,170	11,353,521
Current portion of finance lease obligations	318,618	355,010	318,014	318,014	285,533	770,759	582,292	597,618
	6,275,395	8,065,766	27,409,636	19,027,865	13,816,585	8,667,340	6,601,611	20,956,543
Other liabilities	1,206,251	1,050,301	4,038,418	2,761,662	2,085,428	954,597	1,113,776	3,494,597
Finance lease obligations	1,010,327	-	972,338	1,256,121	810,938	2,196,231	2,281,527	2,060,769
Right-of-use operating lease obligations	5,372,516	222,893	226,188	661,131	891,416	1,171,433	80,033	4,613,413
Notes payable to an HCA Holdings, Inc. affiliate	-	-	-	-	-	-	-	-
Equity (deficit)	61,944,848	30,707,277	840,082,084	726,324,578	243,256,402	(10,593,808)	29,576,332	477,500,877
Noncontrolling interests	-	-	-	-	-	-	-	-
	61,944,848	30,707,277	840,082,084	726,324,578	243,256,402	(10,593,808)	29,576,332	477,500,877
Total liabilities and equity (deficit)	\$ 75,807,337	\$ 40,046,237	\$ 872,728,664	\$ 750,031,357	\$ 260,860,769	\$ 2,355,793	\$ 39,653,273	\$ 508,626,199

HCA Healthcare, Inc. Hospitals in the State of Florida
 Combining Balance Sheet (continued)
 December 31, 2021

	University Hospital, Ltd. d/b/a HCA Florida Wondmont Hospital	West Florida - MBT, LLC d/b/a HCA Florida South Tampa Hospital and HCA Florida West Tampa Hospital	West Florida - PPH, LLC d/b/a Palms of Paradise Hospital	West Florida Regional Medical Center, Inc. d/b/a West Florida Hospital	Eliminations	Combined Total
Assets						
Current assets						
Cash	\$ 1,076	\$ 6,687	\$ -	\$ -		\$ 1,407,940
Accounts receivable	17,219,954	21,608,650	11,298,855	44,544,159		1,657,603,174
Inventories	3,998,649	4,327,854	2,621,474	7,918,252		338,702,018
Prepaid expenses and other current assets	183,418	1,784,184	408,483	13,812,112		307,579,707
Estimatal receivable/(payable) under third-party reimbursement programs	(2,096,597)	1,426,572	(76,080)	(559,232)		9,268,760
	19,306,500	29,153,927	14,252,752	65,735,291		2,314,561,559
Property and equipment, at cost						
Land	3,061,046	29,230,000	12,840,000	14,650,013		650,622,393
Buildings	33,211,709	79,570,919	15,918,141	120,912,765		4,187,288,450
Equipment	62,585,520	110,944,448	43,447,155	165,629,547		5,826,752,644
Construction in progress	19,083,416	16,327,561	356,586	4,486,671		395,384,861
	117,941,691	235,972,928	72,561,862	205,678,996		11,060,048,348
Accumulated depreciation	(66,989,495)	(74,349,977)	(32,238,682)	(188,878,170)		(5,431,030,350)
	50,952,196	161,623,851	40,323,180	116,800,826		5,629,017,998
Goodwill	-	41,584,550	13,679,570	25,353,451		452,204,382
Due from/to an HCA Holdings, Inc. affiliate	283,171,666	(188,676,825)	(68,413,923)	321,814,667	-	9,629,899,857
Right-of-use operating lease assets	1,299,585	1,086	1,705,152	7,253,406		132,950,881
Other assets	623,412	5,025	150,000	-	664,329	24,279,044
Total assets	\$ 355,363,359	\$ 43,691,614	\$ 1,096,691	\$ 536,957,641	\$ 664,329	\$ 18,162,101,721
Liabilities and equity						
Current liabilities						
Accounts payable	\$ 5,124,868	\$ 7,727,517	\$ 2,694,113	\$ 10,918,329	\$ -	\$ 426,370,014
Accrued expenses	6,787,721	5,838,320	4,854,308	15,957,601		493,371,469
Current portion of finance lease obligations	560,775	422,974	301,386	103,854		19,397,819
	12,483,364	13,988,811	7,829,807	26,979,784		939,139,302
Other liabilities	2,120,485	1,137,995	1,180,627	4,259,079		162,179,981
Finance lease obligations	1,811,101	1,335,216	967,688	433,179		65,590,887
Right-of-use operating lease obligations	958,493	-	1,306,155	5,780,469		104,758,824
Notes payable to an HCA Holdings Inc. affiliate	-	-	-	-		1,500,000
Equity (deficit)	337,989,916	27,229,592	(9,583,586)	499,545,130	664,329	16,878,661,509
Noncontrolling interests	-	-	-	-		10,361,218
	337,989,916	27,229,592	(9,583,586)	499,545,130	664,329	16,889,022,727
Total liabilities and equity (deficit)	\$ 355,363,359	\$ 43,691,614	\$ 1,096,691	\$ 536,957,641	\$ 664,329	\$ 18,162,101,721

HCA Healthcare, Inc: Hospitals in the State of Florida

Combining Income Statement

December 31, 2021

	Bay Hospital, Inc. d/b/a Gulf Coast Regional Medical Center	Blake Medical Center a division of HCA Health Services of Florida, Inc. d/b/a Blake Medical Center	HCA Florida Brandon Hospital a division of GalenCare, Inc. d/b/a HCA Florida Brandon Hospital	Central Florida Regional Hospital, Inc. d/b/a Central Florida Regional Hospital	CFHS SUB I, LLC d/b/a UCF Lake Nona Medical Center
Revenues	\$ 306,954,076	\$ 296,490,019	\$ 501,464,148	\$ 219,224,759	\$ 42,479,950
Salaries and benefits	101,580,736	125,611,665	164,846,445	85,336,903	23,603,794
Supplies	41,596,655	62,075,799	68,569,010	35,637,759	5,959,556
Other operating expenses	68,231,196	72,544,729	107,626,669	51,501,741	12,019,039
Depreciation	13,705,137	11,134,544	23,931,122	7,053,760	10,004,119
Interest expense	32,188	64,816	15,568	29,718	188,326
Management fees	11,022,002	11,232,000	19,082,268	8,175,109	-
	236,167,914	282,663,553	384,011,082	187,745,990	51,774,834
Income (loss) before nonoperating gains (losses) and income taxes	70,786,162	13,826,466	117,453,066	31,478,769	(9,294,884)
Nonoperating gains (losses)	8,462,316	20,360,178	53,857,303	7,946,590	(75,706)
Income (loss) before income taxes	79,248,478	34,186,644	171,310,369	39,425,359	(9,370,590)
Provision for income taxes (benefit)	18,243,422	7,881,175	39,408,433	9,142,783	-
Net income (loss)	61,005,056	26,305,469	131,901,936	30,282,576	(9,370,590)
Net income attributable to noncontrolling interests	-	-	-	-	-
Net income (loss) attributable to HCA Florida Hospitals	\$ 61,005,056	\$ 26,305,469	\$ 131,901,936	\$ 30,282,576	\$ (9,370,590)

HCA Healthcare, Inc. Hospitals in the State of Florida

Combining Income Statement (Continued)

December 31, 2021

	Citrus Memorial Hospital, Inc. d/b/a Citrus Memorial Hospital	Columbia Hospital Corporation of South Broward d/b/a Westside Regional Medical Center	Davis Medical Center d/b/a HCA Florida University	Englewood Community Hospital, Inc. d/b/a Englewood Community Hospital	Fawcett Memorial Hospital, Inc. d/b/a Fawcett Memorial Hospital
Revenues	\$ 204,740,163	\$ 305,857,249	\$ 9,075,586	\$ 68,183,504	\$ 202,359,092
Salaries and benefits	75,811,120	97,380,578	7,252,676	28,941,255	76,928,940
Supplies	38,480,304	54,397,970	1,169,964	10,945,089	40,012,214
Other operating expenses	50,770,099	61,966,321	3,132,978	16,557,090	46,195,117
Depreciation	11,732,997	13,625,096	3,045,145	2,544,593	9,080,309
Interest expense	5,566,616	37,711	9	15,368	10,225
Management fees	7,830,849	11,397,847	110,515	2,573,917	7,531,577
	188,191,985	238,805,523	14,711,287	61,577,312	179,758,382
Income (loss) before nonoperating gains (losses) and income taxes	16,548,178	67,051,726	(5,635,701)	6,606,192	22,600,710
Nonoperating gains (losses)	82,646	23,067,632	(691,069)	1,561,398	6,896,099
Income (loss) before income taxes	16,630,824	90,119,358	(6,326,770)	8,167,590	29,496,809
Provision for income taxes (benefit)	3,820,537	20,865,025	(1,452,650)	1,900,589	6,825,591
Net income (loss)	12,810,287	69,254,333	(4,874,120)	6,267,001	22,671,218
Net income attributable to noncontrolling interests	-	-	-	-	-
Net income (loss) attributable to HCA Florida Hospitals	\$ 12,810,287	\$ 69,254,333	\$ (4,874,120)	\$ 6,267,001	\$ 22,671,218

HCA Healthcare, Inc. Hospitals in the State of Florida

Combining Income Statement (Continued)

December 31, 2021

	Fort Walton Beach Medical Center, Inc. d/b/a Fort Walton Beach Medical Center	Galen of Florida, Inc. d/b/a St. Petersburg General Hospital	JFK Medical Center Limited Partnership d/b/a JFK Medical Center	Kendall Healthcare Group, Ltd. d/b/a Kendall Regional Medical Center	Largo Medical Center, Inc. d/b/a Largo Medical Center
Revenues	\$ 351,496,890	\$ 110,043,321	\$ 660,609,796	\$ 575,287,852	\$ 368,603,335
Salaries and benefits	107,414,672	44,258,487	246,451,722	185,214,173	134,315,614
Supplies	50,783,166	14,058,775	119,108,111	85,309,865	71,169,922
Other operating expenses	64,124,013	25,843,032	163,961,913	133,153,370	82,257,798
Depreciation	12,506,941	4,447,853	32,412,803	23,912,206	12,897,557
Interest expense	32,279	22,488	89,421	57,596	37,551
Management fees	12,944,441	4,265,884	24,762,382	20,885,237	14,041,529
	<u>247,805,512</u>	<u>92,896,519</u>	<u>586,786,352</u>	<u>448,532,447</u>	<u>314,719,971</u>
Income (loss) before nonoperating gains (losses) and income taxes	103,691,378	17,146,802	73,823,444	126,755,405	53,883,364
Nonoperating gains (losses)	18,242,934	6,124,121	5,086,154	38,651,410	22,459,065
Income (loss) before income taxes	<u>121,934,312</u>	<u>23,270,923</u>	<u>78,909,598</u>	<u>165,406,815</u>	<u>76,342,429</u>
Provision for income taxes (benefit)	28,116,254	5,384,006	18,321,856	38,250,802	17,598,415
Net income (loss)	<u>93,818,058</u>	<u>17,886,917</u>	<u>60,587,742</u>	<u>127,156,013</u>	<u>58,744,014</u>
Net income attributable to noncontrolling interests	-	-	-	-	-
Net income (loss) attributable to HCA Florida Hospitals	<u>\$ 93,818,058</u>	<u>\$ 17,886,917</u>	<u>\$ 60,587,742</u>	<u>\$ 127,156,013</u>	<u>\$ 58,744,014</u>

HCA Healthcare, Inc. Hospitals in the State of Florida

Combining Income Statement (Continued)

December 31, 2021

	Lawnwood Medical Center, Inc. d/b/a Lawnwood Regional Medical Center	Marion Community Hospital, Inc. d/b/a Ocala Regional Medical Center	Memorial Hospital Jacksonville a division of Memorial Healthcare Group, Inc. d/b/a Memorial Hospital Jacksonville	Miami Beach Healthcare Corp, Ltd. a division of Columbia Hospital Corporation of Miami Beach d/b/a Aventura Hospital & Medical Center	New Port Richey Hospital, Inc. d/b/a Medical Center of Trinity
Revenues	\$ 458,412,371	\$ 677,324,070	\$ 478,429,866	\$ 408,671,120	\$ 316,577,774
Salaries and benefits	157,061,031	204,732,720	146,784,590	159,575,100	110,693,375
Supplies	67,734,118	127,630,022	86,526,652	62,533,930	45,699,149
Other operating expenses	86,827,678	153,366,306	116,533,703	95,070,526	65,798,582
Depreciation	11,054,230	30,051,496	23,837,313	18,047,883	20,111,370
Interest expense	23,908	37,195	75,797	43,778	11,628,313
Management fees	16,729,053	25,239,106	17,838,205	15,026,721	11,886,579
	339,430,018	541,056,845	391,616,240	350,297,938	265,817,570
Income (loss) before nonoperating gains (losses) and income taxes	118,982,353	136,267,225	86,813,626	58,373,182	50,760,204
Nonoperating gains (losses)	17,733,164	14,238,707	56,058,487	13,520,765	(504,825)
Income (loss) before income taxes	136,715,517	150,505,932	142,872,113	71,893,947	50,255,379
Provision for income taxes (benefit)	31,541,502	34,900,154	32,942,064	16,858,427	11,559,466
Net income (loss)	105,174,015	115,605,778	109,930,049	55,035,520	38,695,913
Net income attributable to noncontrolling interests	-	-	-	-	-
Net income (loss) attributable to HCA Florida Hospitals	\$ 105,174,015	\$ 115,605,778	\$ 109,930,049	\$ 55,035,520	\$ 38,695,913

HCA Healthcare, Inc. Hospitals in the State of Florida

Combining Income Statement (Continued)

December 31, 2021

	North Florida Regional Medical Center, Inc. d/b/a North Florida Regional Medical Center	Northside Hospital a division of Galencare, Inc. d/b/a Northside Hospital	Northwest Medical Center, Inc. d/b/a Northwest Medical Center	Notami Hospitals of Florida, Inc. d/b/a Lake City Medical Center	Oak Hill Hospital a division of HCA Health Services of Florida, Inc. d/b/a Oak Hill Hospital
Revenues	\$ 647,519,592	\$ 180,770,616	\$ 268,961,991	\$ 169,647,227	\$ 360,554,635
Salaries and benefits	207,259,990	73,382,664	103,202,291	53,746,717	121,372,766
Supplies	113,491,060	33,984,005	41,679,398	16,710,844	51,120,726
Other operating expenses	134,182,116	40,797,581	56,153,733	34,434,402	74,751,794
Depreciation	25,600,783	6,040,988	11,705,201	3,127,696	13,255,127
Interest expense	55,100	6,279	40,632	24,563	203,716
Management fees	23,914,426	6,914,304	10,247,067	6,203,324	13,472,979
	504,503,475	161,125,821	223,028,322	116,247,546	274,177,108
Income (loss) before nonoperating gains (losses) and income taxes	143,016,117	19,644,795	45,933,669	53,399,681	86,377,527
Nonoperating gains (losses)	26,321,534	2,136,193	4,382,935	1,456,238	22,567,141
Income (loss) before income taxes	169,337,651	21,780,988	50,316,604	54,855,919	108,944,668
Provision for income taxes (benefit)	38,472,101	5,025,800	11,581,624	12,818,421	25,115,603
Net income (loss)	130,865,550	16,755,188	38,734,980	42,037,498	83,829,065
Net income attributable to noncontrolling interests	493,407	-	-	(40,987)	-
Net income (loss) attributable to HCA Florida Hospitals	\$ 130,372,143	\$ 16,755,188	\$ 38,734,980	\$ 42,078,485	\$ 83,829,065

HCA Healthcare, Inc. Hospitals in the State of Florida

Combining Income Statement (Continued)

December 31, 2021

	Okaloosa Hospital, Inc. d/b/a Twin Cities Hospital	Okeechobee Hospital, Inc. d/b/a Raulerson Hospital	Orange Park Medical Center, Inc. d/b/a Orange Park Medical Center	Osceola Regional Hospital, Inc. d/b/a Osceola Regional Medical Center	Oviedo Medical Center, LLC d/b/a Oviedo Medical Center
Revenues	\$ 70,315,314	\$ 89,547,773	\$ 418,821,281	\$ 492,183,670	\$ 110,788,412
Salaries and benefits	23,334,367	33,494,496	145,761,591	170,708,753	41,352,162
Supplies	8,983,372	9,271,940	56,230,130	68,766,580	14,293,558
Other operating expenses	15,002,308	17,181,326	104,104,411	106,358,331	22,607,831
Depreciation	3,538,963	2,818,757	19,849,446	18,210,366	8,082,909
Interest expense	19,822	19,848	53,749	41,004	5,351,887
Management fees	2,632,252	3,213,851	15,361,210	17,990,343	4,075,231
	53,511,084	66,000,218	341,360,137	382,075,377	95,763,578
Income (loss) before nonoperating gains (losses) and income taxes	16,804,230	23,547,555	77,461,144	110,108,293	15,024,834
Nonoperating gains (losses)	5,216,170	12,647,424	7,865,548	21,190,498	(15,049)
Income (loss) before income taxes	22,020,400	36,194,979	85,326,692	131,298,791	15,009,785
Provision for income taxes (benefit)	3,053,949	8,312,022	19,679,859	30,080,460	3,458,047
Net income (loss)	18,966,451	27,882,957	65,646,833	101,218,325	11,551,738
Net income attributable to noncontrolling interests	-	-	-	-	-
Net income (loss) attributable to HCA Florida Hospitals	\$ 18,966,451	\$ 27,882,957	\$ 65,646,833	\$ 101,218,325	\$ 11,551,738

HCA Healthcare, Inc. Hospitals in the State of Florida

Combining Income Statement (Continued)

December 31, 2021

	Palm West Hospital Limited Partnership d/b/a Palm West Hospital	Plantation General Hospital Limited Partnership d/b/a Plantation General Hospital	Poinciana Medical Center, Inc. d/b/a Poinciana Medical Center	Putnam Community Medical Center of North Florida, LLC d/b/a Putnam Community Medical Center	Reg Medical Center Bayonet Point a division of HCA Health Services of Florida, Inc. d/b/a Regional Medical Center Bayonet Point
Revenues	\$ 229,230,150	\$ 512,699,652	\$ 115,585,508	\$ 92,160,448	\$ 353,851,295
Salaries and benefits	84,814,494	194,520,995	41,268,661	36,088,308	119,509,063
Supplies	30,021,212	77,323,112	11,383,750	12,985,098	65,790,229
Other operating expenses	52,642,978	112,432,894	23,143,985	23,650,392	75,907,915
Depreciation	7,806,310	40,955,463	5,490,321	3,434,516	9,699,957
Interest expense	28,694	91,824	1,350,737	-	76,085
Management fees	8,153,304	19,310,882	4,151,375	3,325,813	13,460,023
	183,526,992	444,635,170	86,788,829	79,484,127	284,409,272
Income (loss) before nonoperating gains (losses) and income taxes	45,703,158	68,064,482	28,796,679	12,676,321	71,442,023
Nonoperating gains (losses)	17,824,394	57,706	242,735	452,413	36,538,221
Income (loss) before income taxes	63,527,552	68,122,188	29,039,414	13,128,734	107,980,244
Provision for income taxes (benefit)	14,710,914	16,119,219	6,675,624	3,022,497	24,996,095
Net income (loss)	48,816,638	52,002,969	22,363,790	10,106,237	82,984,149
Net income attributable to noncontrolling interests	-	-	-	-	-
Net income (loss) attributable to HCA Florida Hospitals	\$ 48,816,638	\$ 52,002,969	\$ 22,363,790	\$ 10,106,237	\$ 82,984,149

HCA Healthcare, Inc. Hospitals in the State of Florida

Combining Income Statement (Continued)

December 31, 2021

	Saint Lucie Medical Center a division of HCA Health Services of Florida, Inc. d/b/a St. Lucie Medical Center	Sarasota Doctors Hospital, Inc. d/b/a Doctors Hospital of Sarasota	Sebring Health Services, LLC d/b/a Highlands Regional Medical Center	Sun City Hospital, Inc. d/b/a South Bay Hospital	Tallahassee Medical Center, Inc. d/b/a Capital Regional Medical Center
Revenues	\$ 259,730,670	\$ 188,945,538	\$ 81,332,034	\$ 80,973,229	\$ 347,112,956
Salaries and benefits	78,981,231	63,546,880	35,165,612	39,126,964	103,778,263
Supplies	33,834,053	36,823,182	16,075,105	13,633,115	50,250,279
Other operating expenses	50,891,645	39,941,622	23,208,838	19,752,629	74,553,175
Depreciation	7,565,536	8,485,550	4,680,063	4,907,449	11,993,482
Interest expense	15,987	28,362	89,671	1,387,139	61,261
Management fees	9,723,477	7,066,508	3,102,277	3,085,852	12,341,205
	181,011,929	135,892,104	82,321,566	81,893,148	252,977,665
Income (loss) before nonoperating gains (losses) and income taxes	78,718,741	33,053,434	(989,532)	(919,919)	94,135,291
Nonoperating gains (losses)	33,945,712	6,285,468	44,876	45,564	15,956,223
Income (loss) before income taxes	112,664,453	39,338,902	(944,656)	(874,355)	110,091,514
Provision for income taxes (benefit)	25,964,042	9,695,338	(243,217)	(189,035)	25,365,315
Net income (loss)	86,700,411	30,243,564	(701,439)	(685,320)	84,726,199
Net income attributable to noncontrolling interests	-	-	-	-	-
Net income (loss) attributable to HCA Florida Hospitals	\$ 86,700,411	\$ 30,243,564	\$ (701,439)	\$ (685,320)	\$ 84,726,199

HCA Healthcare, Inc. Hospitals in the State of Florida

Combining Income Statement (Continued)

December 31, 2021

	University Hospital, Ltd. d/b/a HCA Florida Woodmont Hospital	West Florida - MHT, LLC d/b/a HCA Florida South Tampa Hospital and HCA Florida West Tampa Hospital	West Florida - PPH, LLC d/b/a Palms of Pasadena Hospital	West Florida Regional Medical Center, Inc. d/b/a West Florida Hospital	Combined Total
Revenues	\$ 132,109,132	\$ 158,773,030	\$ 88,712,733	\$ 390,794,669	\$ 12,405,406,493
Salaries and benefits	67,459,060	60,047,278	39,279,058	122,834,537	4,341,831,797
Supplies	17,566,989	24,737,676	11,774,348	58,501,595	1,964,593,366
Other operating expenses	36,136,782	36,005,998	21,494,364	92,104,665	2,764,923,615
Depreciation	4,480,643	13,320,742	4,239,226	14,200,996	550,606,964
Interest expense	54,137	358,714	8,562,943	18,870	35,900,699
Management fees	4,975,217	6,027,971	3,401,601	14,315,757	459,041,470
	130,672,828	140,398,379	88,751,542	301,976,420	10,116,899,911
Income (loss) before nonoperating gains (losses) and income taxes	1,436,304	18,374,651	(38,809)	88,818,246	2,288,506,582
Nonoperating gains (losses)	14,742,757	278,080	(999,226)	16,997,394	559,258,318
Income (loss) before income taxes	16,179,061	18,652,731	(1,038,035)	105,815,640	2,847,764,900
Provision for income taxes (benefit)	-	4,281,575	(235,362)	24,502,893	655,771,641
Net income (loss)	16,179,061	14,371,156	(802,673)	81,312,747	2,191,993,259
Net income attributable to noncontrolling interests	-	-	-	-	452,420
Net income (loss) attributable to HCA Florida Hospitals	\$ 16,179,061	\$ 14,371,156	\$ (802,673)	\$ 81,312,747	\$ 2,191,540,839



02/15/2023

Jennifer Jensen, Compliance Officer
Orange County EMS
2002-A E. Michigan Street
Orlando, Florida 32806

RE: Letter of Attestation

Dear Ms. Jensen:

On behalf of HCA Florida Osceola Hospital, R. David Shimp, Chief Executive Officer, and David Lane, MD, Emergency Medicine Department Chair and Medical Director for Interfacility Transport Service, attest that all hired and utilized EMTs and Paramedics are and will remain certified and authorized to perform Basic and Advance Life Support in the State of Florida.

Sincerely,

A handwritten signature in black ink, appearing to read "R. David Shimp".

R. David Shimp
Chief Executive Officer
HCA Florida Osceola Hospital

A handwritten signature in black ink, appearing to read "David Lane".

David Lane, MD
Emergency Medicine Department Chair
Medical Director for Interfacility Transport Service
HCA Florida Osceola Hospital



EMS TRANSPORT ROSTER

DEPT 789

NAME	POSITION	STATE NUMBER	CURRENT CPR CARD
John Suliveras	Coordinator/Paramedic	PMD 523926	12/7/22
Robert Saunders	Paramedic	PMD 509683	2/9/22
Joseph Pacelli	Paramedic	PMD 517819	8/11/22
Nahem Laventure	EMT	EMT 566854	5/4/22
Chen Gao	EMT	EMT 546115	7/26/21
Gabrielle Schimpf	EMT	EMT 564382	11/2/22
Amado Lomas-Cervantes	EMT	EMT 574273	7/5/22
Kristoffel Timmermans	EMT	EMT 3566708	2/20/22
Steven Maciel	Paramedic	PMD 539039	3/5/22
Steven Nielsen	EMT	EMT 562629	10/1/21
Jeffrey Brown	Paramedic	PMD 516359	12/7/22
Emma Decker	EMT	EMT 576460	10/19/21
Rajendra Indar	Paramedic	PMD 526534	2/22/22
Yabo Azilinson	Paramedic	PMD 541576	1/4/23
Bianco Bell	Paramedic	PMD 535332	9/16/22
Josue Ortiz	Paramedic	PMD 535035	1/9/23
Jeffery Manaig	Paramedic	PMD 526634	8/17/22
Alberto Forte	EMT	EMT 577231	1/10/23
Paul Dunas	EMT	EMT 575312	1/4/23
Kristian Cabrera	EMT	EMT 579769	11/30/22
Hector Cruz	EMT	EMT 580069	3/14/22
Freddy Rodriguez	Paramedic	PMD 528423	1/19/23



Federal Communications Commission
Wireless Telecommunications Bureau

RADIO STATION AUTHORIZATION

LICENSEE: OSCEOLA REGIONAL MEDICAL CENTER

ATTN: ANDREW YEE
OSCEOLA REGIONAL MEDICAL CENTER
700 WEST OAK STREET, TOWER A 1ST FLOOR
KISSIMMEE, FL 34741

Call Sign WRCK597	File Number
Radio Service IG - Industrial/Business Pool, Conventional	
Regulatory Status PMRS	
Frequency Coordination Number	

FCC Registration Number (FRN): 0009598160

Grant Date 10-25-2018	Effective Date 10-25-2018	Expiration Date 10-25-2028	Print Date
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

- Loc. 1 Address:** 700 West Oak Street, Tower A, 1st Floor
City: Kissimmee County: OSCEOLA State: FL
Lat (NAD83): 28-17-58.1 N Long (NAD83): 081-24-34.3 W ASR No.: Ground Elev: 19.0
- Loc. 2 Area of operation**
Operating within a 32.0 km radius around fixed location 1
- Loc. 3 Area of operation**
Operating within a 32.0 km radius around 28-17-58.1 N, 081-24-34.3 W, Kissimmee, OSCEOLA county, FL.

Antennas

Loc No.	Ant No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meter	Construct Deadline Date
1	1	000464.73750000	FB2	1		7K60FXE	40.000	40.000	25.9	23.8	10-25-2019
1	1	000462.13750000	FB2	1		7K60FXE	40.000	40.000	25.9	23.8	10-25-2019
2	1	000462.13750000	MO	250		7K60FXE	4.000	4.000			10-25-2019

Conditions:

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

Licensee Name: OSCEOLA REGIONAL MEDICAL CENTER

Call Sign: WRCK597

File Number:

Print Date:

Antennas

Loc No.	Ant No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meter	Construct Deadline Date
2	1	000464.73750000	MO	250		7K60FXE	4.000	4.000		s	10-25-2019
2	1	000467.13750000	MO	250		7K60FXE	4.000	4.000			10-25-2019
2	1	000469.73750000	MO	250		7K60FXE	4.000	4.000			10-25-2019
3	1	000456.96250000	MO	250		7K60FXE	4.000	4.000			10-25-2019
3	1	000466.76250000	MO	250		7K60FXE	4.000	4.000			10-25-2019
3	1	000467.06250000	MO	250		7K60FXE	4.000	4.000			10-25-2019
3	1	000468.61250000	MO	250		7K60FXE	4.000	4.000			10-25-2019
3	1	000468.86250000	MO	250		7K60FXE	4.000	4.000			10-25-2019

Control Points

Control Pt. No. 1

Address: 700 W Oak Street, Tower A, 1st Floor

City: Kissimmee County: OSCEOLA State: FL Telephone Number: (407)518-3617

Associated Call Signs

Waivers/Conditions:

NONE



Health Care Indemnity, Inc.
 2515 Park Plaza, Building 2-3E
 Nashville, TN 37203
 Phone: 615-344-5193
 Fax: 855-775-0393
 Email: Corp.Insurance@HCAHealthcare.com

Certificate of Insurance

Date: 03/27/2023

COI#: 115462 - 2023

This is to certify to:
 (Name of Certificate Holder)

Orange County Florida
 Risk Management Division
 109 E Church Street, Suite 200
 Orlando, FL 32801

that the described insurance coverages as provided by the indicated policy has been issued to:

Named Insured:
 Address:

HCA HEALTHCARE, INC. AND SUBSIDIARY ORGANIZATIONS
 EXISTING NOW OR HEREAFTER CREATED OR ACQUIRED
 ONE PARK PLAZA
 NASHVILLE, TN 37202-0550

The Policy identified below by a policy number is in force on the date of Certificate issuance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all the terms of the Policy having reference thereto. This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded under any policy identified herein.

POLICY NO.	POLICY PERIOD	
HCI-10123	Effective: 1/1/2023 Expiration: 1/1/2024	
TYPE OF INSURANCE		LIMITS OF LIABILITY
Comprehensive General Liability - Occurrence Form		\$1,000,000 Each and Every Occurrence
<ul style="list-style-type: none"> • Bodily Injury • Property Damage • Products and Completed Operations • Personal and Advertising Injury 		\$1,000,000 Aggregate
Health Care Professional Liability Occurrence Form		\$0 Each and Every Occurrence None Aggregate

SPECIAL CONDITIONS/OTHER COVERAGES:

The Named Insured Includes: HCA Florida Osceola Hospital COID: 30902

Orange County, Florida is an additional insured as required by Orange County Ord. No. 20-96(e) and the receipt of a Certificate of Public Convenience and Necessity

Cancellation: Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail ninety days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

Countersigned (Authorized Signature)

Authorized Signature

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY: ACE American Insurance Company EFFECTIVE DATE 09271 1/1/2023

POLICY # ISAH10761426

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY

NAMED INSURED: HCA Healthcare, Inc.
One Park Plaza
Nashville, TN 37203

YEAR: MAKE: Any Owned/Leased/Rented Vehicles

VIN #

FLEET COVERAGE: REPORT CLAIMS TO: (800) 433-0385
(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

COMPANY: ACE American Insurance Company EFFECTIVE DATE 09271 1/1/2023

POLICY # ISAH10761426

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY

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YEAR: MAKE: Any Owned/Leased/Rented Vehicles

VIN #

FLEET COVERAGE: REPORT CLAIMS TO: (800) 433-0385
(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Rental car coverage is provided. If rental car coverage is provided refer to the outline of coverage as to the details or extent of coverage

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR
2774660 23440173 W26906064

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THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Rental car coverage is provided. If rental car coverage is provided, refer to the outline of coverage as to the details or extent of coverage

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2774660 23440173 W26906064

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA

CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com

INSURED ECA Healthcare, Inc. One Park Plaza Nashville, TN 37203

Table with 2 columns: INSURER(S) AFFORDING COVERAGE, NAIC #. Includes ACE American Insurance Company (22667) and Indemnity Insurance Company of North America (43575).

COVERAGES CERTIFICATE NUMBER: W28510353 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Main coverage table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Orange County, Florida Risk Management Division 109 E. Church Street, Suite 200 Orlando, FL 32801

CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE [Signature]

Supporting Documents

Section 2

1. Medical Director Proof of Employment/Contract for Service (Item #2)
2. Employee Staffing Schedule from February (Item #3)
3. Attestation of EMT and Paramedic ALS Certification (Item #4)
4. List of Equipment and Medications (Item #5)

PROFESSIONAL SERVICES AGREEMENT
HCA-525 Rev 11/2021
CONTRACT OSCEO-275023

Regarding Medical Directorship Services (the "Services") for Interfacility Transport (the "Program"):

THIS PROFESSIONAL SERVICES AGREEMENT (the "Agreement") is made and entered into by and between Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital ("Facility") and HCA-EmCare Holdings, LLC d/b/a Valesco Ventures ("Contractor").

(All payments for the performance of the Services pursuant to this Agreement are to be made payable to "Contractor" in the name as stated above.)

BACKGROUND

Facility operates a health care facility known as HCA Florida Osceola Hospital located in the State of Florida. Facility desires to retain Contractor to provide the Services, and Contractor desires to provide the Services all upon the terms and conditions stated below. This Agreement is entered into for the purpose of defining the parties' respective rights and responsibilities.

NOW, THEREFORE, in consideration of the mutual agreements set out below, the parties agree as follows:

1. Contractor's General Obligations

A. Organizational Status. Contractor represents and warrants that it is a partnership, limited liability company, professional service corporation or association duly organized and validly existing under the laws of the State of Florida, and authorized to engage in the practice of medicine in the State of Florida.

B. Contractor's Representatives

- i. As used in this Agreement, the term "Contractor's Representatives" shall mean all of Contractor's shareholders, officers, directors, partners, members, employees, contractors, *locum tenens* physicians or advanced practice providers ("APPs"), which may include, but not be limited to, CRNAs, nurse practitioners and/or physician assistants, providing the Services under this Agreement. If Contractor is an individual solely providing the Services hereunder, then the terms "Contractor" and "Contractor's Representatives" shall be merged and all references to "Contractor's Representatives" shall refer to the individual named above as "Contractor." Note: Contractor's use of independent contractors to fulfill Contractor's duties under this Agreement shall be in compliance with 42 U.S.C. § 1395nn (commonly known as the Stark law), and any other federal or state law provision governing fraud and abuse or self-referrals under the Medicare or Medicaid programs, as such provisions may be amended from time to time.
- ii. This Agreement is entered into for the purpose of securing the personal services of one or more individuals, namely: David R. Lane, MD. It is agreed that the continued service of said individual(s) under this Agreement is a material obligation of Contractor. No substitutes for said individual(s) may be employed under this Agreement without the prior consent of Facility. Any discontinuation of service by any of said individual(s), or any attempted substitution for any of said individual(s) without Facility's consent, shall be deemed a material breach of Contractor's obligations, entitling Facility to terminate this Agreement immediately and, at Facility's sole discretion, to enter into an employment or professional services agreement with said individual(s), any non-competition provision of any agreement between the said individual(s) and Contractor to the contrary notwithstanding.
- iii. The following indicate qualifications that must be satisfied by each of Contractor's Representatives as a condition of providing the Services under this Agreement:
 - a. Must be accepted by Facility's Chief Executive Officer; said acceptance may be withdrawn immediately by Facility's Chief Executive Officer in his or her reasonable discretion at any time with written notice to Contractor.
 - b. Shall at all times keep and maintain a valid license to engage in the practice of medicine in the state in which Facility is located.
 - c. Shall be a member in good standing of the Medical Staff and have all privileges as may be required under the Bylaws of Facility for Contractor's Representative to provide the Services contemplated by this Agreement.

- d. Shall be certified by the AMA/AOA recognized Board in the specialty of Emergency Medicine (or eligible for certification by such Board by virtue of having successfully completed all educational and residency requirements necessary to sit for the Board examination).
- C. Contractor and Contractor's Representatives shall provide those Services described in the Addendum attached hereto and incorporated herein by reference.
- D. Contractor shall prepare and shall require Contractor's Representatives to prepare, as necessary, such administrative and business records and reports related to the Program and the Services furnished hereunder in such format and upon such intervals as Facility shall reasonably require.
- E. For purposes of supporting compensation paid hereunder (described in the Addendum attached hereto and incorporated herein by reference), and consistent with the requirements of 42 C.F.R. § 415.60 (g) (or any successor provision thereto), Contractor shall maintain and require Contractor's Representatives to maintain, if necessary, time records for each month verifying the amount of time devoted to performing the Services pursuant to this Agreement, and shall submit said records as a condition precedent to Facility's payment obligation hereunder. Time records shall be submitted through the on-line timekeeping application provided by Facility or, if such on-line timekeeping application is unavailable, substantially in the form of the Official Time Record as provided by Facility. Time records should be due and submitted to Facility on or before the 30th day following the close of the month to which the records refer and in no event shall such time records be submitted to, or accepted by, Facility later than the 90th day following the end of the month covered by such time records. Facility may, in its discretion, require additional documentation to establish the extent and value of the Services provided hereunder. Time records shall be maintained by Contractor for at least four (4) years after the end of the cost reporting period to which the allocation applies.
- F. Contractor and Contractor's Representatives shall furnish any and all information, records and other documents related to the Services furnished hereunder which Facility may reasonably request in furtherance of its quality assurance, utilization review, risk management, and any other plans and/or programs adopted by Facility to assess and improve the quality and efficiency of Facility's services. As reasonably requested, Contractor and Contractor's Representatives shall participate in one or more of such plans and/or programs.
- G. Contractor shall assist Facility in obtaining and maintaining any and all licenses, permits and other authorization, plus achieving accreditation standards, which are dependent upon, or applicable to, in whole or in part, the Services under this Agreement.
- H. Contractor shall inform Facility of any other arrangements which may present a conflict of interest or materially interfere in Contractor's performance of its duties under this Agreement. In the event Contractor pursues conduct which does, in fact, constitute a conflict of interest or which materially interferes with (or is reasonably anticipated to interfere with) Contractor's performance under this Agreement, Facility may exercise its rights and privileges under Section 3.D below.
- I. Contractor agrees not to use, or permit any of Contractor's Representatives to use, any part of Facility for any purpose other than the performance of the Services under this Agreement and the practice of medicine in accordance with the clinical privileges granted by Facility. Without limiting the generality of the foregoing, Contractor agrees that no part of the premises of Facility shall be used at any time as an office for private practice and delivery of care for non-Facility patients. This provision shall not, however, be construed as prohibiting Contractor from maintaining an office for private practice at any professional building owned by Facility or any of its affiliates.
- J. Neither Contractor, nor any Contractor's Representative, shall have the right or authority to enter into any contract in the name of Facility or otherwise bind Facility in any way without the express written consent of Facility.
- K. Contractor and Contractor's Representatives shall perform all the Services under this Agreement in accordance with any and all regulatory and accreditation standards applicable to Facility and the Program, including, without limitation, those requirements imposed by The Joint Commission, the Medicare/Medicaid Conditions of Participation and any amendments thereto, and all applicable federal, state and local laws, rules and regulations and policies.
- L. Contractor and Contractor's Representatives shall comply with the Bylaws, Rules and Regulations, Policies and Directives of Facility and its Medical Staff, including without limitation, Policy EC.027, which as described more fully therein, sets forth an expectation that Contractor's Representatives will make appropriate conflict of interest disclosures when publishing in medical journals and presenting at medical conferences, to the extent that such Bylaws, Rules and Regulations, Policies and Directives of Facility and its Medical Staff do not conflict with the terms of this Agreement.
- M. Contractor and Contractor's Representatives shall, as applicable, participate in continuing education as necessary to maintain licensure, professional competence and skills commensurate with the standards of the medical community and as otherwise required by the medical profession.

- N. As and to the extent required by law, upon the written request of the Secretary of the U.S. Department of Health and Human Services (the "Secretary"), the U.S. Comptroller General or any of their duly authorized representatives, Contractor shall make available those contracts, books, documents and records necessary to verify the nature and extent of the costs of providing the Services under this Agreement. Such inspection shall be available for up to four (4) years after the rendering of such Services. If Contractor is requested to disclose books, documents or records pursuant to this Section for any purpose, Contractor shall notify Facility of the nature and scope of such request, and Contractor shall make available, upon written request of Facility, all such books, documents or records. Contractor shall indemnify and hold harmless Facility if any amount of reimbursement is denied or disallowed because of Contractor's failure to comply with the obligations set forth in this Section. Such indemnity shall include, but not be limited to, the amount of reimbursement denied, plus any interest, penalties and legal costs. If Contractor carries out any of the duties of this Agreement through a subcontract with a value of \$10,000.00 or more over a twelve (12) month period with a related individual or organization, Contractor agrees to include this requirement in any such subcontract. This Section is included pursuant to and is governed by the requirements of 42 U.S.C. § 1395x(v)(1) and the regulations thereto. No attorney-client, accountant-client, or other legal privilege will be deemed to have been waived by Facility, Contractor or any Contractor's Representative by virtue of this Agreement.
- O. Contractor represents and warrants to Facility that Contractor and Contractor's Representatives are not (i) currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. § 1320a-7b(f) (the "Federal health care programs"); (ii) convicted of a criminal offense related to the provision of health care items or services but have not yet been excluded, debarred, or otherwise declared ineligible to participate in the Federal health care programs; and (iii) under investigation or otherwise aware of any circumstances which may result in Contractor or any of Contractor's Representatives being excluded from participation in the Federal health care programs. This shall be an ongoing representation and warranty during the term of this Agreement and Contractor shall immediately notify Facility of any change in the status of the representation and warranty set forth in this Section. Any breach of this Section shall give Facility the right to terminate this Agreement immediately for cause.
- P. Contractor shall notify Facility in writing within twenty-four (24) hours after the occurrence of any one or more of the following events: (1) the medical staff membership or clinical privileges of Contractor or any Contractor's Representative at any facility are denied, suspended, restricted, revoked or voluntarily relinquished; (2) Contractor or any Contractor's Representative becomes the subject of any suit, action or other legal proceeding arising out of Contractor's or Contractor's Representative's professional services; (3) Contractor or Contractor's Representative is required to pay damages or any other amount in any malpractice action by way of judgment or settlement; (4) Contractor or any Contractor's Representative becomes the subject of any disciplinary proceeding or action before any state's medical board or similar agency responsible for professional standards or behavior; (5) Contractor or any Contractor's Representative becomes incapacitated or disabled from practicing medicine; (6) any act of nature or any other event occurs which has a material adverse effect on Contractor's or any Contractor's Representative's ability to perform the Services; (7) Contractor or any Contractor's Representative is charged with or convicted of a criminal offense; (8) Contractor or any Contractor's Representative has a guardian or trustee of its person or estate appointed by a court of competent jurisdiction; (9) Contractor or any Contractor's Representative fails to maintain professional liability insurance required by this Agreement; (10) Contractor or any Contractor's Representative fails to maintain eligibility to participate in federal and/or state health care programs; or (11) Contractor or any Contractor's Representative fails to comply with any of the terms and conditions of this Agreement.
- Q. Contractor agrees to comply with the Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act"), the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C.A. §1320d et seq. ("HIPAA") and any current and future regulations promulgated under the HITECH Act or HIPAA, including, without limitation, the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Parts 160, 162 and 164 (the "Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162 (the "Federal Electronic Transaction Regulations"), all as amended from time to time and collectively referred to herein as the "HIPAA Requirements". Contractor agrees not to use or further disclose any "Protected Health Information," including "Electronic Protected Health Information," (as such terms are defined in the HIPAA Requirements) other than as permitted by the HIPAA Requirements and the terms of this Agreement. Contractor will make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary to the extent required for determining compliance with the HIPAA Requirements. Contractor further agrees to comply with applicable state laws and regulations governing the confidentiality, privacy, security of and electronic transactions pertaining to health care information.
- R. Contractor represents and warrants that it is Contractor's policy to provide equal opportunity to persons regardless of race, religion, age, gender, disability or other classification within federal, state and local statutes, regulations or ordinances.
- S. Contractor represents and warrants to Facility that Contractor and Contractor's Representatives will not employ any individual to perform the Services under this Agreement who is not legally authorized to work in the United States in the capacity indicated. Contractor and Contractor's Representatives certify that all employees assigned to work under this Agreement are

legally authorized to work in the United States in the capacity they are serving under Agreement and will provide any and all written documentation to support such certification. Contractor and Contractor's Representatives agree that if the status of any employee changes during the term of the Agreement, they shall notify Facility's Chief Executive Officer and remove such employee from performing the Services under this Agreement. Contractor and Contractor's Representatives agree that they will indemnify and hold Facility harmless in the event of any claim made against Facility related to any alleged failure of Contractor or Contractor's Representatives to comply with its obligations under this paragraph of the Agreement. A failure to comply with any obligation under this paragraph constitutes a material breach of this Agreement.

- T. Contractor represents and warrants that Contractor's Representatives providing professional services outside of Facility for Facility patients are performing such services under this Agreement within the scope of their respective privileges granted by Contractor or Contractor's designated institution.
- U. Intentionally omitted.
- V. Facility and Contractor acknowledge and agree that Facility has a negotiated list of Preferred Vendors for Facility equipment and supply items. Contractor agrees to use the equipment and supply items offered by these Preferred Vendors for Facility patients unless, in Contractor's medical judgment, an alternative is necessary for patient care purposes and available to Facility. Contractor agrees to disclose to Facility any arrangement with any vendor of equipment or supply items for which Contractor receives compensation.
- W. Contractor agrees to apply or reapply for medical staff privileges at Facility through Facility's Credentialing Online website where available.

2. Change of Circumstances

- A. If the parties receive notice of any Government Action (defined below), the parties shall attempt to amend this Agreement in order to comply with the Government Action.
 - i. If the parties, acting in good faith, are unable to make the amendments necessary to comply with the Government Action, or, alternatively, if either party determines in good faith that compliance with the Government Action is impossible or infeasible, this Agreement shall terminate ten (10) calendar days after one party notifies the other of such fact.
 - ii. For the purposes of this Section, "Government Action" shall mean any legislation, regulation, rule or procedure passed, adopted or implemented by any federal, state or local government or legislative body or any private agency, or any notice of a decision, finding, interpretation or action by any governmental or private agency, court or other third party which, in the opinion of counsel to Facility, because of the arrangement between the parties pursuant to this Agreement, if or when implemented, would: (1) revoke or jeopardize the status of any health facility license granted to Facility or any Affiliate of Facility; (2) prevent Contractor or any Contractor's Representative from being able to access and use the facilities of Facility or any Affiliate of Facility; (3) constitute a violation of 42 U.S.C. § 1395nn (commonly known as the Stark law) if Contractor or any Contractor's Representative referred patients to Facility or any Affiliate of Facility; (4) prohibit Facility or any Affiliate of Facility from billing for services provided to patients referred to by Contractor or any Contractor's Representative; or (5) subject Facility, Contractor, or any Contractor's Representative, or any Affiliate of Facility, or any of their respective employees or agents, to civil or criminal prosecution, on the basis of their participation in executing this Agreement or performing their respective obligations under this Agreement.
 - iii. For the purposes of this Section, "Affiliate" shall mean any entity which, directly or indirectly, controls, is controlled by or is under common control with Facility.

3. Term and Termination

- A. This Agreement shall be effective as of October 15, 2022 (the "Effective Date"). Unless sooner terminated, this Agreement shall expire and be of no further force and effect as of 11:59 p.m. on August 31, 2024.
- B. Either party may terminate this Agreement, without cause, by providing not less than ninety (90) days' prior written notice stating the intended date of termination; provided, however, that in the event this Agreement is terminated pursuant to this Section, during the one-year period following the Effective Date in Section 3.A of this Agreement, the parties shall not enter into a new agreement with each other for the same or similar services until that one-year period has lapsed.
- C. Upon request by Facility, Contractor shall remove from service under this Agreement any Contractor's Representative who (1) is convicted of a crime other than a minor traffic violation; (2) has a guardian or trustee of its person or estate appointed by a court of competent jurisdiction; (3) becomes disabled so as to be unable to perform the duties required by this Agreement; (4) fails to maintain professional liability insurance required by this Agreement; (5) shall have its license(s) and or privileges required to perform the Services contemplated by this Agreement either suspended, revoked, voluntarily relinquished, or

otherwise limited; (6) fails to maintain eligibility to participate in federal and/or state health care programs; or (7) fails to comply with any of the terms and conditions of this Agreement after being given notice of that failure and a reasonable opportunity to comply. In addition to removing any such Contractor's Representative, Contractor shall obtain, at its cost and expense, a substitute for the removed Contractor's Representative or otherwise demonstrate its capabilities for continued coverage and service required by this Agreement. A failure of performance by Contractor under this Section shall be deemed a material breach of this Agreement. If such a breach is precipitated by an occurrence listed in Items 1 through 6 above, Facility may immediately terminate this Agreement. Otherwise, any such breach shall be subject to Section 3.D below.

- D. Either party may terminate this Agreement at any time in the event the other party engages in an act or omission constituting a material breach of any term or condition of this Agreement. The party electing to terminate this Agreement shall provide the breaching party with not less than sixty (60) days' advance written notice specifying the nature of the breach. The breaching party shall then have forty-five (45) days from the date of the notice in which to remedy the breach and conform its conduct to this Agreement. If such corrective action is not taken within the time specified, this Agreement shall terminate at the end of the sixty (60) day period without further notice or demand.
- E. If at any time Contractor is no longer the exclusive provider of Emergency, Hospitalist and/or Anesthesia services to Facility pursuant to a duly executed and current professional services agreement between the Parties, this Agreement shall automatically terminate on the date that: (i) Contractor no longer provides service at current, applicable Hospital locations; or (ii) this Agreement terminates or expires.
- F. Facility may terminate this Agreement immediately upon the following events:
 - i. As specified in Sections 1.B.ii, 1.O and 3.C;
 - ii. Upon Facility's loss of certification as a Medicare provider;
 - iii. Upon the closure of Facility or the Program;
 - iv. Upon the death or permanent disability of Contractor or the sole Contractor's Representative;
 - v. Upon the suspension, revocation, limitation or voluntary relinquishment of Contractor's or the sole Contractor's Representative's license(s) and/or privileges required to perform the Services contemplated by this Agreement; or
 - vi. Upon Contractor's general assignment for the benefit of creditors, Contractor's petition for relief in bankruptcy or under similar laws for the protection of debtors, or upon the initiation of such proceedings against Contractor if the same are not dismissed within forty-five (45) days of service.
- G. Facility shall have the right to periodically audit the Services provided hereunder and or review the reasonableness of this Agreement and its compliance with Facility's policies and procedures and applicable federal and state rules and regulations (collectively referred to as "Facility Review"). If the Facility Review indicates that changes or modifications to this Agreement should be made, the parties shall enter into good faith negotiations for the purpose of establishing such amendments or modifications as may be appropriate in order to comply with the recommendations of the Facility Review, while preserving the original intent of this Agreement to the greatest extent possible. If, after thirty (30) days of such negotiations, the parties are unable to reach an agreement as to how or whether this Agreement shall continue, then either party may terminate this Agreement upon thirty (30) days' prior written notice to the other party.
- H. Upon any termination of this Agreement, neither party shall have further rights against, or obligations to, the other party except with respect to any rights or obligations accruing prior to the date and time of termination and any obligations, promises or agreements which expressly extend beyond the termination, including, but not limited to, those set out in Sections 4, 5.D, 5.E, 5.P, and 5.R.
- I. The termination provisions of Section 3 shall not be exclusive, but rather shall be in addition to any rights or remedies at law or in equity, or under this Agreement.
- J. Upon any termination or expiration of this Agreement, Contractor and Contractor's Representative shall immediately return to Facility all of Facility's property, including Facility's equipment, supplies, furniture, furnishings and patient records, which is in Contractor's or Contractor's Representatives' possession or under Contractor's or Contractor's Representatives' control.

4. Insurance and Indemnification

- A. Contractor shall keep and maintain professional liability insurance coverage for itself and each of Contractor's Representatives with such insurance companies, issued upon such forms and containing such terms and limitations reasonably acceptable to Facility. As a minimum, such insurance shall provide coverage in the amount of Two Hundred Fifty Thousand Dollars

(\$250,000) per occurrence per Contractor's Representative and Seven Hundred Fifty Thousand Dollars (\$750,000) in the aggregate per Contractor's Representative, or such amounts as are required by the Medical Staff Bylaws or applicable state statute, whichever amount is greatest. If such coverage is provided on a claims made basis, such insurance shall continue throughout the term of this Agreement; and upon the termination of this Agreement, or the expiration or cancellation of the insurance, Contractor shall purchase or arrange for the purchase of, either an unlimited reporting endorsement ("Tail Coverage"), or "Prior Acts" coverage, from the subsequent insurer, with a retroactive date on or prior to the effective date of this Agreement. In the event Contractor is unable to obtain the required insurance for or on behalf of Contractor's Representatives, Contractor shall require Contractor's Representatives to keep and maintain such insurance coverage individually. All such insurance shall be kept and maintained without additional cost or expense to Facility. In the event neither Contractor nor Contractor's Representatives purchase the required coverage, Facility, in addition to any other rights it may have under the terms of this Agreement or under law, shall be entitled, but not obligated, to purchase such coverage. Facility shall be entitled to immediate reimbursement from Contractor for the cost thereof. Facility may enforce its right of reimbursement through set-off against any sums otherwise payable to Contractor. Contractor shall provide Facility with a certificate or certificates of insurance certifying the existence of all coverages required hereunder. Contractor and Contractor's Representatives shall request its or their insurance carriers to provide Facility with not less than thirty (30) days' prior written notice in the event of a change in the professional liability policies of Contractor or Contractor's Representatives.

- B. Contractor shall at all times during the term of this Agreement be covered at Contractor's own expense under an insurance policy providing workers' compensation insurance for Contractor covering any liability required by the workers' compensation laws of the state in which Facility is located, unless Contractor provides proof satisfactory to Facility that Contractor is exempt from such requirements. Contractor shall provide to Facility evidence of compliance with such requirements.
- C. During the term of this Agreement, Facility shall keep and maintain, at its sole cost and expense, professional and general liability coverage for the acts and omissions of Facility, its officers, directors, employees and agents, which shall include Contractor and Contractor's Representatives when Contractor and/or Contractor's Representatives are performing administrative services on behalf of Facility and are acting in good faith and within the scope of such duties. Such insurance shall exclude Contractor and/or Contractor's Representatives should it or they be deemed to be agents notwithstanding the contrary intent of the parties. All such insurance shall be issued upon such forms and in such amounts that are customary in the hospital industry.
- D. Each party specifically reserves any common law right of indemnity and/or contribution which either party may have against the other.
- E. Contractor shall indemnify, defend and hold harmless Facility and its officers, directors and employees against: (i) any and all liability arising out of Contractor's or Contractor's Representatives' failure to comply with the terms of this Agreement; (ii) any injury, loss, claims or damages arising from the negligent operations, acts, or omissions of Contractor or Contractor's Representatives relating to or arising out of their Services under this Agreement; and/or (iii) any and all costs and expenses, including reasonable legal expenses, incurred by or on behalf of Facility or its officers, directors or employees in connection with the defense of such claims.
- F. Facility shall indemnify, defend and hold harmless Contractor and its officers, directors and employees against: (i) any and all liability arising out of Facility's or its officers', directors' or employees' failure to comply with the terms of this Agreement; (ii) any injury, loss, claims, or damages arising from the negligent operations, acts or omissions of Facility or its officers, directors or employees relating to or arising out of its obligations under this Agreement; and or (iii) any and all costs and expenses, including reasonable legal expenses, incurred by or on behalf of Contractor or its officers, directors and employees in connection with the defense of such claims.
- G. The parties recognize that, during the term of this Agreement and for a period thereafter, certain risk management issues, legal issues, claims or actions may arise that involve or could potentially involve the parties and their respective employees and agents. The parties further recognize the importance of cooperating with each other in good faith when such issues, claims or actions arise, to the extent such cooperation does not violate any applicable laws, cause the breach of any duties created by any policies of insurance or programs of self-insurance, or otherwise compromise the confidentiality of communications or information regarding the issues, claims or actions. As such, the parties hereby agree to cooperate in good faith, using their best efforts, to address such risk management and claims handling issues in a manner that strongly encourages full cooperation between the parties. The parties further agree that if a controversy, dispute, claim, action or lawsuit (each, an "Action") arises with a third party wherein both the parties are included as defendants, each party shall promptly disclose to the other party in writing the existence and continuing status of the Action and any negotiations relating thereto. Each party shall make every reasonable attempt to include the other party in any settlement offer or negotiations. In the event the other party is not included in the settlement, the settling party shall immediately disclose to the other party in writing the acceptance of any settlement and terms relating thereto.

5. Miscellaneous Provisions

- A. Notice. Any notice required or desired to be given in respect to this Agreement shall be deemed to be given upon the earlier of (i) actual delivery to the intended recipient or its agent; or (ii) upon the third business day following deposit in the United States mail, postage prepaid, certified or registered mail, returned receipt requested. Any such notice shall be delivered to the respective addresses set out below, or to such other address as a party shall specify in the manner required by this Section. The respective addresses are:

If to Facility:

Facility Chief Executive Officer
HCA Florida Osceola Hospital
700 West Oak Street
Kissimmee, Florida 34741

With Copy to:

Legal Department
P. O. Box 550
Nashville, TN 37202-0550

If to Contractor:

HCA-EmCare Holdings, LLC d/b/a Valesco Ventures
20 Burton Hills Boulevard 1A Burton Hills Boulevard
Nashville, Tennessee 37215

- B. Entire Agreement. This Agreement contains the entire agreement of the parties hereto and supersedes all prior agreements, contracts and understandings, whether written or otherwise, between the parties relating to the subject matter hereof. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. No other understanding regarding the same services provided by this Agreement shall be binding on the parties unless set forth in writing, signed and incorporated into this Agreement.
- C. Partial Invalidity. In the event any provision of this Agreement is found to be legally invalid or unenforceable for any reason, the remaining provisions of the Agreement shall remain in full force and effect provided the fundamental rights and obligations remain reasonably unaffected.
- D. Trade Secrets. During the term of this Agreement, Contractor and Contractor's Representatives will have access to and become acquainted with confidential information and trade secrets of Facility, including information and data relating to payor contracts and accounts, clients, patients, patient groups, patient lists, billing practices and procedures, business techniques and methods, strategic plans, operations and related data (collectively, "Trade Secrets"). All Trade Secrets are the property of Facility and used in the course of Facility's business, and shall be proprietary information protected under the Uniform Trade Secrets Act. Contractor and Contractor's Representatives shall not disclose to any person or entity, directly or indirectly, either during the term of this Agreement or at any time thereafter, any Trade Secrets, or use any Trade Secrets other than in the course of providing the Services under this Agreement. All documents that Contractor or Contractor's Representatives prepare, or Trade Secrets that might be given to Contractor or Contractor's Representatives in the course of providing the Services under this Agreement, are the exclusive property of Facility, and, without the prior written consent of Facility, shall not be removed from Facility's premises.

Notwithstanding anything to the contrary herein, Contractor acknowledges that Facility is the exclusive owner of all right, title and interest in and to any and all data and information provided to, received by, accessed by, created by or made available to Contractor and/or Contractor's Representatives related to the Services provided hereunder, including any transformations, combinations, improvements and derivatives thereof ("Data"). Contractor may only use the Data in strict performance of its obligations under this Agreement and in no event will Contractor or Contractor's Representatives Commercially Exploit the Data. Nothing in this Agreement shall operate as an obstacle to Facility's right to retrieve or place such Data with a third party for the provision of services to Facility. Upon Facility's written request, or termination or expiration of this Agreement, Contractor will return or destroy the Data, at Facility's election. As used herein, "Commercially Exploit" means and includes, without limitation, developing information, statistics, compilations, summaries, surveys, abstracts, analytics, or combinations with or matches against other data, for use by anyone other than Contractor, without regard to financial gain or profit.

- E. Work Product. Any deliverables Contractor is required to develop for and deliver to Facility pursuant to this Agreement, herein referred to as "Work Product", shall be deemed to be a "Work-for-hire" with Facility owning all right, title and interest in such

Work Product. To the extent any Work Product is not deemed to be a "Work-for-hire", Contractor hereby assigns all rights, title and interest in the Work Product to Facility. Contractor warrants that Work Product will not contain any information, material, data, computer code, or any other content that is owned or controlled by any third party except as expressly disclosed to and approved by Facility in writing. Contractor also warrants that it has the unqualified right to transfer all rights, title and interest in the Work Product to Facility, and that if any third party rights exist in the Work Product, that it has the right to, and hereby grants to Facility, a license to use such third party content in the Work Product. Contractor further warrants that the Work Product and Facility's use thereof shall not infringe or violate any patent, trademark, copyright, trade secret, or any other intellectual property right of any third party.

- F. Assignment. Contractor shall not assign this Agreement or any interest therein unless Facility agrees in writing to such assignment. Any Change of Control of Contractor shall be deemed to be an assignment of this Agreement. "Change of Control" means, with respect to Contractor, the transfer of any of the following (in each case whether in any transaction or series of related transactions): (i) the record or beneficial ownership, directly or indirectly, of securities or other ownership interests of Contractor or Contractor's direct or indirect parent entity having fifty percent (50%) or more of the combined voting power of Contractor; (ii) the right to appoint a majority of board of directors or other governing or managing body of Contractor; or (iii) all or substantially all of the assets of Contractor.

Facility may unilaterally assign this Agreement to: (i) any successor entity which succeeds to all, or substantially all, of Facility's assets or which in any manner continues operation of Facility; or (ii) any organization which is related to Facility, directly or indirectly, by common ownership or control and which is organized for the purpose of operating one or more facilities. This Agreement shall be binding upon Facility and Contractor, as well as their respective successors and (to the extent permitted herein) assigns.

- G. Compliance with Laws. The parties shall comply with all applicable laws, ordinances, codes and regulations of federal, state and local governments, applicable to the performance of this Agreement, including, without limitation, laws that require Contractor to disclose any economic interest or relationship with Facility. Facility acknowledges that Contractor and its affiliated Facility are subject and required to abide by its Code of Conduct and Anti-Kickback Statute policies and procedures. The Facility can access Contractor's Code of Conduct and its policies and procedures regarding the Anti-Kickback Statute at <https://www.evhc.net/news-resources/partner-resources> or a copy of the Code of Conduct can be provided to Hospital upon request. Each Party shall remain responsible for refunding or returning to any third party payer any and all amounts received by the Party in violation of applicable law.
- H. Independent Contractor. Contractor and all Contractor's Representatives are performing the Services under this Agreement as independent contractors and not as employees, agents, partners of, or joint venturers with Facility. Facility does retain responsibility for the performance of Contractor and Contractor's Representatives as and to the extent required by law and the accreditation standards applicable to Facility. Such responsibility, however, is limited to establishing the goals and objectives for the Program and requiring the Services to be rendered in a competent, efficient and satisfactory manner in accordance with applicable standards and legal requirements. Contractor shall be responsible for determining the manner in which services are provided and ensuring that services are rendered in a manner consistent with the goals and objectives referenced in this Agreement.
- I. Limitation on Control. Facility shall neither have nor exercise any control or direction over Contractor's or any Contractor's Representative's professional medical judgment or the methods by which Contractor or any Contractor's Representative performs professional medical services; provided, however, that Contractor and Contractor's Representatives shall be subject to and shall at all times comply with the protocols, Bylaws, guidelines, policies and rules applicable to other members of the Medical Staff.
- J. Practice of Medicine. To the extent applicable under the state law in which Facility is located, Contractor and Facility acknowledge that Facility is neither authorized nor qualified to engage in any activity which may be construed or deemed to constitute the practice of medicine. To the extent that any act or service required of, or reserved to, Facility in this Agreement is construed or deemed to constitute the practice of medicine, the performance of such act or service by Facility shall be deemed waived or unenforceable, unless this Agreement can be amended to comply with the law, in which case the parties shall make such amendment.
- K. No Benefit Contributions. Facility shall have no obligation under this Agreement to compensate or pay applicable taxes for, or provide employee benefits of any kind (including contributions to government mandated, employment-related insurance and similar programs) to, or on behalf of, Contractor or Contractor's Representatives. Notwithstanding the foregoing, if Facility determines or is advised that it is required by law to compensate or pay applicable taxes for, or provide employee benefits of any kind (including contributions to government mandated, employment-related insurance and similar programs) to, or on behalf of, Contractor or Contractor's Representatives, Contractor shall reimburse Facility for any such expenditure within thirty (30) calendar days after being notified of such expenditure.

- L. Form 1099. If required to do so under applicable law, Facility shall issue an Internal Revenue Service Form 1099 to Contractor for the performance of the Services under this Agreement.
- M. Regulatory Requirements. Nothing in this Agreement shall be construed to require Contractor or Contractor's Representatives to admit patients to Facility or the facility of any other Affiliate or to utilize Facility or any other Affiliate to provide inpatient, outpatient or other services to patients or otherwise generate business for Facility or any other Affiliate. Notwithstanding the unanticipated effect of any of the provisions herein, the parties intend to comply with 42 U.S.C. § 1320a-7b(b) (commonly known as the Anti-Kickback Statute), 42 U.S.C. § 1395nn (commonly known as the Stark law), and any other federal or state law provision governing fraud and abuse or self-referrals under the Medicare or Medicaid programs, as such provisions may be amended from time to time. The parties further intend that this Agreement comply with: (i) as many as reasonably practicable of the conditions for meeting the personal services and management contract safe harbor to the Anti-Kickback Statute which is set forth in 42 C.F.R. § 1001.952(d); and (ii) all of the requirements for meeting the personal services arrangement exception to the Stark law, 42 U.S.C. § 1395nn(e)(3) as interpreted in Final Regulation § 411.357(d), 69 C.F.R. 16053, 16138-39, as such regulations may be amended. This Agreement shall be construed in a manner consistent with compliance with such statutes and regulations, and the parties hereto agree to take such actions necessary to construe and administer this Agreement therewith. The parties solely intend that the fees paid to Contractor compensate Contractor for the provision of such Services, and not influence Contractor or Contractor's Representatives with regard to any referrals of patients to Facility or any other Affiliate. As such, the parties acknowledge that the compensation paid to Contractor hereunder would be the same whether or not any such referrals are made. The parties further intend that the compensation paid hereunder shall be fair market value for the services rendered based on arm's length bargaining and the value of similar services in the community. In the event any court or administrative agency of competent jurisdiction determines this Agreement violates any of such statutes or that the compensation hereunder exceeds reasonable compensation, then the parties hereto agree to take such actions as necessary to amend this Agreement to comply with the applicable statutes or regulations, as provided herein.
- N. Business Expenses. As included fair market value consideration and in exchange for the commitment of time that Contractor and/or Contractor's Representatives spend to prepare for and attend meetings and educational sessions in connection with the Program or the Services and otherwise to fulfill the responsibilities set forth in this Agreement, Facility shall reimburse or pay the actual, verified expenses incurred by Contractor or Contractor's Representatives in connection with the Program or performance of the Services hereunder, including the costs of any meals served at meetings, the costs of any educational sessions related to the Program or the Services that Contractor and/or Contractor's Representatives are directed to attend, and other reasonable expenses incurred by Contractor or Contractor's Representatives in connection with the Program or the Services, including, but not limited to, reasonable travel expenses (e.g., transportation, lodging, meals) consistent with Facility's business-related travel reimbursement policies. All such expenses must be reasonable and Contractor and/or Contractor's Representatives must be authorized in advance by Facility to incur such expenses. As a condition precedent to receiving any reimbursement of expenses hereunder, Contractor shall provide Facility the actual receipt evidencing payment of such expenses. All such expenses are limited to those incurred by and on behalf of Contractor and/or Contractor's Representatives only (e.g., expenses of spouses and other family members or guests are excluded from reimbursement).
- O. States of Emergency, Public Health Emergencies-Disasters, Medical Disasters, Natural Disasters, Severe Weather Events, Terrorism, Wars or Other Crisis Situations. In the event that Contractor provides Services, at the request of Facility, in preparation for, during or after an Emergency Situation, Facility may, in its discretion, provide Contractor with (or reimburse Contractor actual documented expenses incurred for) reasonable lodging, meals, transportation and/or similar items, services or necessities. In addition to the foregoing, Facility may provide Contractor reasonable personal and incidental items or necessities for Contractor, including, but not limited to, communication devices, device chargers, flashlights, clothing (such as scrubs, lab coats, etc.), emergency grab and go backpacks, etc. In its discretion, Facility may directly pay or reimburse Contractor for any other reasonable expenses incurred by Contractor in connection with the provision of Services related to an Emergency Situation. In the case of each Emergency Situation, this provision shall extend for the period reasonably required, in Facility's discretion, to facilitate the ongoing care of patients at Facility prior to, during, and/or after the Emergency Situation. For any expense reimbursement hereunder, Contractor shall submit expense receipts to Facility. For purposes of this provision, "Emergency Situation" includes a state or declaration of emergency, a public health emergency-disaster, a medical disaster, a natural disaster, a severe weather event (predicted or actual), terrorism, war or any other crisis situation (predicted or actual), including, without limitation, a hurricane, tornado, flood, snowstorm, ice storm, avalanche, earthquake, tsunami, wildfire, severe water shortage, severe electrical or power grid outage, infectious disease outbreak (e.g., Ebola) or epidemic, a mass shooting bombing, a mass casualty injury event, nuclear attack, cyberattack, terrorist attack, bioterrorist attack, chemical attack, act of war or other local, regional or national crisis, as determined by Facility.
- P. Alternate Dispute Resolution. In the event of any controversy or dispute related to or arising out of this Agreement, the parties agree to meet and confer in good faith to attempt to resolve the controversy or dispute without an adversary proceeding. If the controversy or dispute is not resolved to the mutual satisfaction of the parties within five (5) business days of notice of the controversy or dispute, either party shall have the option of submitting the controversy or dispute to arbitration, which shall be conducted in the county and the state in which Facility is located. If the controversy or dispute is submitted to arbitration, the

parties shall select the arbitrator within ten (10) calendar days after Facility notifies Contractor that the controversy or dispute will be submitted to arbitration. If the parties are unable to agree on an arbitrator, either party may petition the American Arbitration Association or the American Health Lawyers Association (the "Arbitration Company") for the appointment of an arbitrator according to the procedures for such appointment provided under the Arbitration Company's rules for commercial arbitration. The costs of such arbitration (excluding attorneys' fees and each party's costs) shall be shared equally by the parties. The arbitration shall commence within a reasonable time after the claim, dispute, or the matter in question has arisen, and in no event shall it commence after the date when institution of legal or equitable proceedings based on such claim, dispute, or other matters in question would be barred by the applicable statute of limitations. The arbitration shall be conducted in a summary manner upon written briefs of the parties if the arbitrator believes that such summary procedure will be adequate to resolve all contested issues fairly. The parties shall submit their briefs to the arbitrator within fifteen (15) calendar days following selection of the arbitrator. The arbitrator shall not be required to observe or carry out formalities or usual procedures such as pleadings or discovery or the strict rules of evidence. The arbitrator shall decide all matters submitted to him or her within twenty-one (21) calendar days following the arbitrator's receipt of briefs or conclusion of any necessary hearings. The parties reserve the right to contest the arbitrator's decision and to appeal from any award. No disclosure of the award shall be made by the parties except as required by the law or as necessary or appropriate to effectuate the terms thereof. To the extent permitted by law, the parties hereby jointly and severally waive any and all right to trial by jury in any action or proceeding arising out of or relating to this Agreement, or the obligations hereunder. The parties each represent to the other that this waiver is knowingly, willingly and voluntarily given.

- Q. Third Party Beneficiaries. This Agreement is entered into for the sole benefit of Facility and Contractor. Nothing contained herein or in the parties' course of dealings shall be construed as conferring any third party beneficiary status on any person or entity not a party to this Agreement, including, without limitation, any Contractor's Representative.
- R. Confidentiality. Contractor acknowledges and agrees that this Agreement is confidential. Neither Contractor nor any of Contractor's Representatives shall disclose this Agreement or any terms hereof to any third parties except as may be necessary to obtain advice and counseling from one's attorneys, accountants or financial advisors or as may otherwise be required through legal process.
- S. Governing Law. This Agreement shall be governed by the laws of the state in which Facility is located.
- T. Force Majeure. Neither party shall be liable for nonperformance or defective or late performance of any of its obligations under this Agreement to the extent and for such periods of time as such nonperformance, defective performance or late performance is due to reasons outside such party's control, including acts of God, war (declared or undeclared), action of any governmental authority, riots, revolutions, fire, floods, explosions, sabotage, nuclear incidents, lightning, weather, earthquakes, storms, sinkholes, epidemics, or strikes (or similar nonperformance or defective performance or late performance of employees, suppliers or subcontractors).
- U. Headings. The headings in this Agreement are intended solely for convenience of reference and shall be given no effect in the construction or interpretation of this Agreement.
- V. Meaning of Certain Words. Wherever the context may require, any pronouns used in this Agreement shall include the corresponding masculine, feminine, or neuter forms, and the singular form of nouns shall include the plural and vice versa.
- W. New Contractor's Representatives. Contractor agrees that each new Contractor's Representative shall be bound by the terms of and conditions of this Agreement.
- X. Counterparts. This Agreement may be signed by the parties in counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Any signatures on behalf of Facility required in this Agreement or written approval required hereunder may be electronic signatures in accordance with law.
- Y. Waiver. No delay or failure to require performance of any provision of this Agreement shall constitute a waiver of that provision as to that or any other instance. Any waiver granted by a party must be in writing to be effective, and shall apply solely to the specific instance expressly stated.
- Z. Addenda. The following addenda are attached to and made a part of this Agreement:

Title	Form #
Medical Director Services Addendum	HCA-527
Flat Fee for Administrative Services Addendum	HCA-790

AA. Other Agreements. The following list and/or Referral Source Contract Control Log maintained by Facility constitutes a list of all services furnished by the physician (or an immediate family member of the physician) to the entity as of the effective date of this Agreement.

Name	Relationship to Physician	Description of Contract	Start of Term	End of Term
N/A				

PER FACILITY POLICY LL.001, GENERAL STATEMENTS ON AGREEMENTS WITH REFERRAL SOURCES, APPROVAL PROCESS, ET SEQ., PAYMENTS PURSUANT TO THIS AGREEMENT, IF ANY, WILL BE MADE ONLY FOR SERVICES PERFORMED AFTER THE AGREEMENT HAS BEEN SIGNED BY BOTH CONTRACTOR AND FACILITY UNLESS OTHERWISE APPROVED BY FACILITY'S LEGAL OPERATIONS COUNSEL. SERVICES PERFORMED PRIOR TO THIS DATE WILL NOT BE COMPENSATED, UNLESS OTHERWISE APPROVED BY FACILITY'S LEGAL OPERATIONS COUNSEL.

IN WITNESS WHEREOF, Facility and Contractor have duly executed this Agreement as of the dates set out beneath their respective signatures.

CONTRACTOR:

HCA-EmCare Holdings, LLC d/b/a Valesco Ventures

DocuSigned by:
 By: Brian D Baxter MD
3e087c78e0094b3
 Title: Brian Baxter, MD, Attorney in Fact
 Dated: 1/6/2023

FACILITY:

Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital

By: /S/Robert Shimp
 Facility Chief Executive Officer

Dated: 2022-12-06T16:47:23

**PROFESSIONAL SERVICES AGREEMENT
MEDICAL DIRECTOR ADDENDUM (HCA-527 Rev 11/2021)
CONTRACT OSCEO-275023**

This Addendum is attached to, made a part of and executed simultaneously with that certain Professional Services Agreement between the undersigned.

1. Operation of the Program

- A. Contractor shall have the authority, responsibility and accountability for directing and overseeing the administration of the Program.
- B. Contractor's Representatives shall be permitted to participate in the activities of the Program in the same manner, and subject to the same conditions, as other practitioners holding membership or privileges in the Program. In addition, it is agreed:
 - i. Contractor's Representatives shall prepare timely, complete and accurate medical records in accordance with the policies and procedures of Facility and all professional standards applicable to medical records documentation. All of such records shall be and remain the property of Facility. Contractor and each Contractor's Representative shall have access to those records created by the respective Contractor's Representative as may be necessary for the continuing care of the patient and as otherwise permitted by law.
 - ii. Contractor's Representatives shall participate actively in the affairs of the Medical Staff, including, without limitation, serving on committees and discharging such other obligations as may be requested by the Medical Staff, Governing Body or any duly appointed officer or committee thereof.

2. Medical Director of the Program

- A. To enhance the efficient and effective administration of the Program, Contractor shall provide a Medical Director for the Program. As of the Effective Date of this Agreement, the Medical Director of the Program shall be Contractor's Representative identified in the Medical Director Designation form attached hereto as Exhibit A (the "Medical Director").
- B. In the event Contractor desires to substitute Medical Director with another Contractor's Representative who will serve as the Medical Director of the Program during the term of this Agreement, Contractor agrees to immediately notify Facility's CEO and identify Contractor's Representative who Contractor desires to designate as the Medical Director of the Program. Upon Facility's approval of the substitution of the Medical Director, Facility and Contractor shall execute a Medical Director Designation form, in the form attached hereto as Exhibit A, which shall be incorporated herein by reference. To ensure the continuity of Services and the highest-quality patient care, Contractor shall use best efforts to maintain a designated Medical Director at all times during the term of this Agreement and prevent unnecessary substitution of the designated Medical Director.
- C. The Medical Director shall prepare and submit time records in accordance with Section 1.E of the Professional Services Agreement.

3. General Administrative Duties of the Medical Director

- A. Provide such supervision, management and oversight to the Program necessary to ensure that the professional services rendered meet or exceed accepted standards of care.
 - i. Participate actively in the creation and implementation of programmatic policies and procedures, care pathways, and clinical algorithms.
 - ii. Serve as a subject matter expert for the review of Evidence-Based Order Sets and the development of Facility-specific order sets, as needed.
 - iii. Assist and advise Facility's administrators and consultants in the design and development of patient information forms, medical record forms and consent forms for use within the Program or related thereto.
- B. Assist Facility in obtaining and maintaining all required certification(s), accreditation(s), and other licenses, permits and authorizations for the Program, in addition to achieving all accreditation standards applicable to, in whole or in part, the Program.
 - i. Participate as needed in Program and Facility engagements with local, state and federal licensing and regulatory agencies, accrediting bodies and external stakeholders.

- ii. Ensure that the Program is organized and operated in accordance with the guidelines established by applicable professional societies.
 - iii. Support the development of reports and records as required by state or federal regulatory agencies.
 - C. Participate in Facility's plans and programs adopted to assess and improve the quality and efficiency of Facility's services, including, but not limited to, HCA CSG Clinical Excellence Agenda, quality assessment and performance improvement, utilization review and risk management.
 - i. Oversee the performance of all Program providers to ensure compliance with goals for clinical quality, throughput and patient experience.
 - ii. Ensure that the Program meets or exceeds the standards of the HCA CSG Clinical Excellence Agenda.
 - D. Manage the relationships with and service expectations of external providers who refer to Facility and/or consult or engage on or with patients or staff.
 - i. Manage the Program's provider staff related to provider behavior, professionalism and performance.
 - E. Support Facility's medical education and employee in-service programs, and develop such educational programs as Facility shall reasonably request.
 - i. Provide leadership in GME Program development, as requested.
 - ii. Provide Program staff education, as needed.
 - F. Support efforts to optimize and improve utilization of the electronic health record, to include electronic physician documentation and computerized physician order entry (CPOE).
 - i. Provide orientation and education for new providers relating to electronic health record, as well as Facility expectations of throughput, quality of care, and patient experience.
 - ii. Ensure the maintenance of accurate, complete and timely patient and other records related to the Program in order to facilitate the delivery of quality patient care and provide the information required for Facility to obtain payment for its services.
 - G. Keep current with new technology and procedures in his/her given specialty, and review and assess new procedures and equipment that may address Program needs.
 - II. Meet with Facility administration and attend appropriate Facility meetings, as requested, including, but not limited to, Medical Executive Committee, Credentials Committee, Utilization Review/Utilization Management Committee, Quality Improvement Committee, Peer Review Committee, Board of Trustees, Graduate Medical Education Committee, Performance Improvement and Patient Safety Program (PIPS), Mortality and Morbidity Conference (M&M), Case Reviews and Quality Improvement.
 - i. Conduct Monthly Operating Reviews (MORs) with Facility administration, as requested.
 - ii. Conduct quarterly reviews with Division leadership, as requested.
 - I. Work with Facility administration and Medical Directors across specialties to achieve Facility's quality, strategic, service line and business goals.
 - i. Provide leadership support for the development of new service lines, as requested, including, without limitation, CV, TAVR Programs, neuro-ICU/Neuro-interventional Program, Trauma, Burn, etc.
 - ii. Participate in quarterly reviews with Division leadership, as requested.
 - iii. Provide clinical content, as requested, for marketing plans in coordination with Facility's Marketing Department staff.
 - J. Perform such other services as Facility may reasonably request.
- 4. **Administrative Duties of the Medical Director**
 - A. Develop medically correct standing orders or protocols which permit specified ALS and BLS procedures when communication cannot be established with a supervising physician or when any delay in patient care would potentially threaten the life or health of the patient. The medical director shall issue standing orders and protocols to the provider to ensure that the provider transports

each of its patients to facilities that offer a type and level of care appropriate to the patient's medical condition if available within the service region. The medical director or his appointee shall provide continuous 24-hour-per-day, 7-day-per-week medical direction which shall include in addition to the development of protocols and standing orders, direction to personnel of the provider as to availability of medical direction "off-line" service to resolve problems, system conflicts, and provide services in an emergency as that term is defined by section 252.34(3), F.S.

- B. Develop and implement a patient care quality assurance system to assess the medical performance of paramedics and EMTs. The medical director shall audit the performance of system personnel by use of a quality assurance program to include but not be limited to a prompt review of patient care records, direct observation, and comparison of performance standards for drugs, equipment, system protocols and procedures. The medical director shall be responsible for participating in quality assurance programs developed by the department.
- C. With the exception of BLS medical directors, each ALS or air ambulance service medical director shall possess proof of current registration as a medical director, either individually or through a hospital, with the U.S. Department of Justice, Drug Enforcement Administration (DEA), to provide controlled substances to an EMS provider. DEA registration shall include each address at which controlled substances are stored. Proof of such registration shall be maintained on file with each ALS or air ambulance provider and shall be readily available for inspection.
- D. Ensure and certify that security procedures of the EMS provider for medications, fluids and controlled substances are in compliance with chapters 499 and 893, F.S., and chapter 6 IN-1, F.A.C.
- E. Create, authorize and ensure adherence to, detailed written operating procedures regarding all aspects of the handling of medications, fluids and controlled substances by the provider.
- F. Notify the department in writing of each substitution by the EMS provider of equipment or medication.
- G. Assume direct responsibility for: the use of an automatic or semi-automatic defibrillator; the use of a glucometer; the administration of aspirin; the use of any medicated auto injector; the performance of airway patency techniques including airway adjuncts, not to include endotracheal intubation; and on routine interfacility transports, the monitoring and maintenance of non-medicated I.V.s by an EMT. The medical director shall ensure that the EMT is trained to perform these procedures; shall establish written protocols for the performance of these procedures; and shall provide written evidence to the department documenting compliance with provisions of this paragraph.
- H. An EMT employed by a licensed ALS provider is authorized to start a non-medicated IV under the following conditions: 1. A non-medicated IV is initiated only in accordance with department approved protocols of the licensed ALS provider's medical director. These protocols must include a requirement that the non-medicated IV be initiated in the presence of a Florida certified paramedic (of the same licensed provider) who directs the EMT to initiate the IV. 2. If the licensed ALS provider elects to utilize EMTs in this capacity, the licensed EMS provider shall ensure that the medical director provides IV Therapy training deemed sufficient by the medical director. The licensed EMS provider shall document successful completion of such training in each EMT's training file and make documentation available to the department upon request.
- I. Ensure that all EMTs and paramedics are trained in the use of the trauma scorecard methodologies as provided in Rule 64J-2.004, F.A.C., for adult trauma patients and Rule 64J-2.005, F.A.C., for pediatric trauma patients.
- J. Develop and revise when necessary TTPs for submission to the department for approval.
- K. Participate in direct contact time with EMS field level providers for a minimum of 10 hours per year.
- L. Notwithstanding the number of EMS providers served by the medical director, direct contact time shall be a minimum of 10 hours per year per medical director, not per provider.
- M. Medical directors of a training program shall:
 - N. Be responsible for the instruction of the Department of Transportation (DOT) approved training programs for EMTs and paramedics that are adopted by subparagraphs 64J-1.008(1)(a)I. and 64J-1.009(1)(a)I., F.A.C., respectively.
 - O. Have substantial knowledge of the qualifications, training, protocols, and quality assurance programs for the training facility.
 - P. Maintain current instructor level training in Advanced Cardiac Life Support (ACLS), or equivalent, or Advanced Trauma Life Support (ATLS), maintain provider or instructor level training in International Trauma Life Support (ITLS), Prehospital Trauma Life Support (PHTLS), or Advanced Trauma Life Support (ATLS); and Advanced Pediatric Life Support (APLS), Pediatric Advanced Life Support (PALS), Pediatric Education for Prehospital Professionals (PEPP), or Emergency Pediatric Care (EPC).

- Q. Act as a liaison between training centers, local EMS providers and hospitals.
- R. Participate in state and local quality assurance and data collections programs.
- S. Be available 4 hours per month for classroom teaching or review of student performance, and participate indirect contact time with EMS field level providers for a minimum of 10 hours per year. Notwithstanding the number of training centers or EMS providers served by the medical director, direct contact time shall be a minimum of 10 hours per year per medical director, not per training center.
- T. Provide written documentation to the department that confirms the medical director has reviewed and approved all policies, procedures, and methods used for the orientation of instructors and preceptors.
- U. Provide written documentation to the department that confirms the medical director has reviewed and approved all student testing procedures, evaluators and assessment tools used for each comprehensive final written (cognitive) and practical examination (psychomotor skills) for EMT and paramedic students. The medical director shall review each student's performance on the comprehensive final written (cognitive) and practical examination (psychomotor skills) before certifying a student has successfully completed all phases of the educational program and EMTs are proficient in BLS techniques and paramedics are proficient in ALS techniques.
- V. The medical director of a licensed EMS provider may authorize paramedics under his or her supervision to perform immunizations pursuant to a written agreement with a County Health Department in the county in which the immunizations are to be performed. Should the medical director elect to utilize paramedics in this capacity, he or she shall verify on DH Form 1256, Certification of Training, 06117, incorporated by reference and available from the department at <http://www.flrules.org/Gateway/reference.asp?No:Ref-09950>, that each paramedic authorized to administer immunizations has received sufficient training and experience to administer immunizations, as determined by the medical director.

5. Obligations of Facility

- A. Facility shall provide on Facility premises the space designated by Facility for the Program, plus any expendable supplies, equipment, and services necessary for the proper operation of the Program. The minimum services to be provided by Facility are janitorial services, standard facility telephone services, laundry services, and utilities.
- B. Facility shall employ sufficient non-physician personnel as it deems necessary for the proper operation of the Program. All such non-physician personnel shall be recruited and paid by Facility. Facility will have administrative and executive control over the non-physician personnel provided by Facility, including the sole right to determine the hours of work, discipline and termination of such personnel. The Medical Director shall direct and supervise the technical work and services of such personnel. The parties agree that the staffing level of non-physician personnel currently available is presently sufficient for the extent of present operations. Contractor will notify Facility of any failure on the part of such non-physician personnel to perform properly their assigned duties. Contractor recognizes the special nature of the relationship that exists between Facility and its personnel in that the recruiting and training of such personnel by Facility is costly and time consuming and, therefore, Contractor agrees that Contractor will not, during the term of this Agreement, directly or indirectly through any means or manner, impair or initiate any attempt to impair the relationship which exists between Facility and the personnel employed or retained by Facility, or employ or contract with such personnel.
- C. The obligations of Facility under this Section shall be subject to Facility regulatory and budget restraints.

PER FACILITY POLICY LL.001, GENERAL STATEMENTS ON AGREEMENTS WITH REFERRAL SOURCES, APPROVAL PROCESS, ET SEQ., PAYMENTS PURSUANT TO THIS AGREEMENT, IF ANY, WILL BE MADE ONLY FOR THE SERVICES PERFORMED AFTER THE AGREEMENT HAS BEEN SIGNED BY BOTH CONTRACTOR AND FACILITY UNLESS OTHERWISE APPROVED BY FACILITY'S LEGAL OPERATIONS COUNSEL. SERVICES PERFORMED PRIOR TO THIS DATE WILL NOT BE COMPENSATED, UNLESS OTHERWISE APPROVED BY FACILITY'S LEGAL OPERATIONS COUNSEL.

IN WITNESS WHEREOF, Facility and Contractor have duly executed this Addendum as of the dates set out beneath their respective signatures.

CONTRACTOR:

HCA-EmCare Holdings, LLC d/b/a Valesco Ventures

By: DocuSigned by:
Brian D Baxter MD
34C0767823994E3
Title: Brian Baxter, MD, Attorney in Fact
Dated: 1/6/2023

FACILITY:

Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital

By: S Robert Shimp
Facility Chief Executive Officer
Dated: 2022-12-06T16:47:23

**EXHIBIT A
MEDICAL DIRECTOR DESIGNATION**

Effective _____, the undersigned agree that _____, M.D., a Contractor's Representative of HCA-EmCare Holdings, LLC d/b/a Valesco Ventures, is the designated Medical Director ("Medical Director") assigned to Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital ("Facility") under the Professional Services Agreement between Contractor and Facility for the provision of medical director services for the Interfacility transport Program (the "Program"), in effect as of the ____ day of _____, _____ (the "Agreement").

This Exhibit A is incorporated by reference into the Agreement and supersedes all prior medical director designations related to the Program.

Contractor acknowledges that Medical Director has been provided with a copy of the pertinent provisions of the Agreement, understands his/her role under the Agreement and shall assume all of the duties and responsibilities of the Medical Director of the Program, as set forth in the Agreement, as of the effective date stated above.

FACILITY:

Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital

By: /s. Robert Shimp

Facility Chief Executive Officer

Dated: 2022-12-06T16:47:23

CONTRACTOR:

HCA-EmCare Holdings, LLC d/b/a Valesco Ventures

DocuSigned by:
Brian D Baxter MD
By: _____
34607678F302433

Its: Brian Baxter, MD, Attorney in Fact

Dated: 1/6/2023

**PROFESSIONAL SERVICES AGREEMENT ADDENDUM
FLAT FEE FOR ADMINISTRATIVE SERVICES ONLY
HCA-790 Rev 6/2019
CONTRACT OSCEO-275023**

This Addendum is attached to, made a part of and executed simultaneously with that certain Professional Services Agreement between the undersigned.

- 1. As sole compensation for the Services provided pursuant to this Agreement, Facility shall pay to Contractor the sum of \$125.00 not to exceed 10 hours per month for each hour actually spent by Contractor and/or Contractor's Representatives performing those Services, up to a maximum of \$15,000 per year. Notwithstanding any other provision of this Agreement, Contractor shall not receive compensation for travel time in connection with the Program or performance of the Services hereunder; provided, however, that reasonable travel expenses incurred by Contractor in connection with the Program or performance of the Services hereunder may be reimbursed in accordance with Section 5.N of the Professional Services Agreement.

The payment of any compensation due hereunder should be made within thirty (30) days following the month in which such Services were rendered. However, such payment shall not be made until Contractor and/or Contractor's Representatives have submitted time records for the period for which payment is due, pursuant to Section 1.E of the Professional Services Agreement. Notwithstanding any other provision of this Agreement, in the event Facility receives the time records required by Section 1.E of the Professional Services Agreement more than ninety (90) days following the end of the month covered by such time records, then no compensation shall be paid by Facility to Contractor with respect to the Services performed during such month. Facility shall have the authority to request additional or supplementary reports to establish the value and extent of the Services provided hereunder and the authority to audit Contractor's records to establish the value and extent of the Services provided hereunder. In the event Facility determines that such reports and records do not accurately reflect or document the Services provided hereunder for which payment has been made to Contractor, then upon written notice to Contractor, Contractor shall promptly refund to Facility the amount of overpayment as determined by the Facility. In the event this Agreement is terminated for any reason by either party, compensation shall be due only for the Services actually rendered through the effective date of such termination subject to the requirements for verification and other provisions of this Agreement.

- 2. Contractor shall not bill or collect from any patient or payors for Services provided by Contractor pursuant to the terms of this Agreement. Contractor's sole compensation for the Services provided hereunder shall be the monies paid by Facility per Paragraph 1 above.
- 3. In the event Contractor violates the covenants in Paragraph 2 above, fails to supply Facility the time records described in Section 1.E of the Professional Services Agreement, or fails to retain or make available the records necessary to verify the cost of the Services as provided in Section 1.N of the Professional Services Agreement, then Contractor shall indemnify Facility for the full amount of any Medicare reimbursement (or any other third-party reimbursement) directly related to the Services previously rendered by Contractor which is denied or recouped as a consequence thereof, including loss of reimbursement in the event Facility's provider participation agreement is terminated.

PER FACILITY POLICY LL601, GENERAL STATEMENTS ON AGREEMENTS WITH REFERRAL SOURCES, APPROVAL PROCESS, ET SEQ., PAYMENTS PURSUANT TO THIS AGREEMENT, IF ANY, WILL BE MADE ONLY FOR THE SERVICES PERFORMED AFTER THE AGREEMENT HAS BEEN SIGNED BY BOTH CONTRACTOR AND FACILITY UNLESS OTHERWISE APPROVED BY FACILITY'S LEGAL OPERATIONS COUNSEL. SERVICES PERFORMED PRIOR TO THIS DATE WILL NOT BE COMPENSATED, UNLESS OTHERWISE APPROVED BY FACILITY'S LEGAL OPERATIONS COUNSEL.

IN WITNESS WHEREOF, Facility and Contractor have duly executed this Addendum as of the dates set out beneath their respective signatures.

CONTRACTOR:

HCA-EmCare Holdings, LLC d/b/a Valesco Ventures

By: DocuSigned by:
Brian D Baxter MD
34C37C78E3E9453

Title: Brian Baxter, MD, Attorney in Fact

Dated: 1/6/2023

FACILITY:

Osceola Regional Hospital, Inc. d/b/a HCA Florida Osceola Hospital

By: /s/Robert Shimp
Facility Chief Executive Officer

Dated: 2022-12-06T16:47:23

2023 February

Steve N PTO 21/1-2/7
 Jeff B PTO 2/8-2/14
 Joe PTO 2/1-2/15

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
			Medic 1 0700-1900 Freddy, Kris	Medic 1 0700-1900 Jeff B(T), Amado	Medic 1 0700-1900 Jeff B, Kristian	Medic 1 0700-1900 Anthony(T), Kris
			Medic 2 0900-1900 Anthony, Jeff B	Medic 2 0700-1900 Freddy, Steve M	Medic 2 0700-1900 Freddy(T), Amado	Medic 2 0700-1900 OOS
			Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
			Medic 1 1900-0700 Jeff M(T), Emma	Medic 1 1900-0700 PM, Nathan	Medic 1 1900-0700 Jeff M(T), Nathan	Medic 1 1900-0700 Yabo(T), Josue, Hector
			Medic 2 1900-0700 OOS	Medic 2 1900-0700 OOS	Medic 2 1900-0700 Yabo, Chen	Medic 2 1900-0700 Chen
			Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
			Dispatch Danny(T) 0700-1900	Dispatch	Dispatch	Dispatch Krisitan 0700-1900 Steve N 1900-0700
5	6	7	8	9	10	11
Medic 1 0700-1900 Jeff B(T), Amado	Medic 1 0700-1900 Jeff B, Emma	Medic 1 0700-1900 Jeff B(T), Alberto	Medic 1 0700-1900 Steve M, Freddy	Medic 1 0700-1900 Danny(T), Amado	Medic 1 0700-1900 Danny, Amado	Medic 1 0700-1900 Anthony(T), Kris
Medic 2 0700-1900 Nathan, Kris, Shannon	Medic 2 0900-1900 Freddy(T), Anthony	Medic 2 0700-1900 Freddy, Krisitan	Medic 2 0900-1900 Anthony, Chen	Medic 2 0700-1900 Freddy,	Medic 2 0700-1900 Freddy(T), Kris	Medic 2 0700-1900 Nathan, Amado
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Medic 1 1900-0700 Yabo(T), Josue	Medic 1 1900-0700 Yabo(T), Jeff M	Medic 1 1900-0700 Jeff M(T), Nathan	Medic 1 1900-0700 Josue(T), Steve N	Medic 1 1900-0700 Josue(T), Steve N	Medic 1 1900-0700 Yabo(T), Steve N	Medic 1 1900-0700 Yabo(T), Chen
Medic 2 1900-0700 OOS	Medic 2 1900-0700 OOS	Medic 2 1900-0700 Emma, Gabby	Medic 2 1900-0700 Emma, Nathan	Medic 2 1900-0700 OOS	Medic 2 1900-0700	Medic 2 1900-0700
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Dispatch Steve N 1900-0700	Dispatch	Dispatch	Dispatch Danny(T) 0700-1900	Dispatch Krisitan 1900-0700	Dispatch Chen 1900-0700	Dispatch Kristian 0700-1900
12	13	14	15	16	17	18
Medic 1 0700-1900 Nathan, Amado	Medic 1 0700-1900 Danny(T), Emma	Medic 1 0700-1900 Steve M, Amado	Medic 1 0700-1900 Danny, Jeff B(T)	Medic 1 0700-1900 Jeff B, Amado	Medic 1 0700-1900 Jeff B(T), Amado	Medic 1 0700-1900 Anthony(T), Kris
Medic 2 0700-1900 OOS	Medic 2 0900-1900 Anthony, Freddy	Medic 2 0700-1900 Freddy,	Medic 2 1100-2300 Anthony, Chen	Medic 2 0700-1900 Freddy(T), Kris	Medic 2 0700-1900 Freddy, Kris	Medic 2 0700-1900 OOS
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Medic 1 1900-0700 Yabo(T), Josue, Hector	Medic 1 1900-0700 Yabo(T), Josue	Medic 1 1900-0700 Jeff M(T), Nathan	Medic 1 1900-0700 Jeff M, Steve N	Medic 1 1900-0700 Joe, Steve N	Medic 1 1900-0700 Joe, Steve N	Medic 1 1900-0700 Yabo(T), Nathan
Medic 2 1900-0700 OOS	Medic 2 1900-0700 OOS	Medic 2 1900-0700 Emma, Gabby	Medic 2 1900-0700	Medic 2 1900-0700 Jeff M, Nathan	Medic 2 1900-0700	Medic 2 1900-0700
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Dispatch	Dispatch	Dispatch Danny(T) 0700-1900	Dispatch Freddy 0700-1900 Emma 1900-0700	Dispatch Emma 1900-0700	Dispatch Chen 1900-0700	Dispatch Krisitan 0700-1900 Chen 1900-0700

19	20	21	22	23	24	25
Medic 1 0700-1900 Kris, Amado	Medic 1 0700-1900 Steve M, Freddy(T)	Medic 1 0700-1900 Freddy(T), Alberto	Medic 1 0700-1900 Danny(T), Jeff B	Medic 1 0700-1900 Danny(T), Amado	Medic 1 0700-1900 Danny(T), Amado	Medic 1 0700-1900 Kris, Nathan
Medic 2 0700-1900 Emma, Gabby	Medic 2 1100-2300 Anthony, Josue	Medic 2 0900-1900 Anthony, Amado	Medic 2 0700-1900 Freddy, Chen	Medic 2 0700-1900 Freddy,	Medic 2 0700-1900 Freddy, Kris	Medic 2 0700-1900 OOS
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Medic 1 1900-0700 Yabo(T), Hector	Medic 1 1900-0700 Joe(T), Steve N	Medic 1 1900-0700 Joe(T), Steve N.	Medic 1 1900-0700 Jeff M(T), Steve N	Medic 1 1900-0700 Joe, Steve N	Medic 1 1900-0700 Joe, Steve N	Medic 1 1900-0700 Yabo(T), Kristian
Medic 2 1900-0700 OOS	Medic 2 1900-0700 OOS	Medic 2 1900-0700 Emma, Gabby	Medic 2 1900-0700 Emma	Medic 2 1900-0700 Jeff M(T), Nathan	Medic 2 1900-0700 Yabo(T), Jeff M	Medic 2 1900-0700
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Dispatch	Dispatch	Dispatch	Dispatch Anthony 1100-2300	Dispatch Kristian 1900-0700	Dispatch Chen 1900-0700	Dispatch Chen 1900-0700

26	27	28
Medic 1 0700-1900 Steve M(T), Kris	Medic 1 0700-1900 Danny(T), Amado	Medic 1 0700-1900 Danny(T), Amado
Medic 2 0700-1900 OOS	Medic 2 0900-1900 Anthony, Freddy	Medic 2 0700-1900 Freddy,
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Medic 1 1900-0700 Yabo(T), Hector	Medic 1 1900-0700 Joe(T), Steve N	Medic 1 1900-0700 Joe(T), Steve N
Medic 2 1900-0700 OOS	Medic 2 1900-0700	Medic 2 1900-0700 Emma, Gabby
Medic 3 - OOS	Medic 3 - OOS	Medic 3 - OOS
Dispatch	Dispatch Yabo - 1900-0700	Dispatch

**** Finalized Schedule **** To make changes contact John or Jeff



02/15/2023

Jennifer Jensen, Compliance Officer
Orange County EMS
2002-A E. Michigan Street
Orlando, Florida 32806

RE: Letter of Attestation

Dear Ms. Jensen:

On behalf of HCA Florida Osceola Hospital, R. David Shimp, Chief Executive Officer, and David Lane, MD, Emergency Medicine Department Chair and Medical Director for Interfacility Transport Service, attest that all hired and utilized EMTs and Paramedics are and will remain certified and authorized to perform Basic and Advance Life Support in the State of Florida.

Sincerely,

A handwritten signature in black ink, appearing to read "R. David Shimp".

R. David Shimp
Chief Executive Officer
HCA Florida Osceola Hospital

A handwritten signature in black ink, appearing to read "David Lane".

David Lane, MD
Emergency Medicine Department Chair
Medical Director for Interfacility Transport Service
HCA Florida Osceola Hospital

TABLE I
GROUND VEHICLE
BLS MEDICAL EQUIPMENT AND SUPPLIES

ITEM	
1. Bandaging, dressing, and taping supplies:	
a. Adhesive, silk, or plastic tape -- assorted sizes.	
b. Sterile 4 × 4 inch gauze pads.	
c. Triangular bandages.	
d. Roller gauze.	
e. ABD (minimum 5 × 9 inch) pads.	
2. Bandage shears.	
3. Patient restraints, wrist and ankle.	
4. Blood pressure cuffs: infant, pediatric, and adult.	
5. Stethoscopes: pediatric and adult.	
6. Blankets.	
7. Sheets (not required for non-transport vehicle.)	
8. Pillows with waterproof covers and pillow cases or disposable single use pillows (not required for non-transport vehicle).	
9. Disposable blanket or patient rain cover.	
10. Long spine board and three straps or equivalent.	
11. Short spine board and two straps or equivalent.	
12. Adult and Pediatric cervical immobilization devices (CID), approved by the medical director of the service.	
13. Padding for lateral lower spine immobilization of pediatric patients or equivalent.	
14. Portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi, and liter flow at 15 liters per minute.	
15. Transparent oxygen masks; adult, child and infant sizes, with tubing.	
16. Sets of pediatric and adult nasal cannulae with tubing.	
17. Hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.	
18. Portable suction, electric or gas powered, with wide bore tubing and tips which meet the minimum standards as published by the GSA in KKK-A 1822E specifications.	
19. Extremity immobilization devices. Pediatric and Adult.	
20. Lower extremity traction splint. Pediatric and Adult.	
21. Sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel, and cord clamps or cord-ties.	
22. Burn sheets.	
23. Flashlight with batteries.	
24. Occlusive dressings.	



HCA Florida Osceola Hospital

25. Oropharyngeal airways. Pediatric and Adult.	
26. Installed oxygen with regulator gauge and wrench, minimum "M" size cylinder (minimum 500 PSI) with oxygen flowmeter to include a 15 lpm setting. (not required for non-transport vehicles.) (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director.)	
27. Gloves – suitable to provide barrier protection for biohazards.	
28. Face Masks – both surgical and respiratory protective.	
29. Rigid cervical collars as approved in writing by the medical director and available for review by the department.	
30. Nasopharyngeal airways, pediatric and adult.	
31. Approved biohazardous waste plastic bag or impervious container per Chapter 64E-16, F.A.C.	
32. Safety goggles or equivalent meeting A.N.S.I. Z87.1 standard.	
33. Bulb syringe separate from obstetrical kit.	
34. Thermal absorbent reflective blanket.	
35. Multitrauma dressings.	
36. Pediatric length based measurement device for equipment selection and drug dosage.	

(a) Laryngoscope handle with batteries.
(b) Laryngoscope blades; adult, child and infant sizes.
(c) Pediatric I.V. arm board or splint appropriate for I.V. stabilization.
(d) Disposable endotracheal tubes; adult, child and infant sizes. Those below 5.5 mm shall be uncuffed. 2.5 mm – 5.0 mm uncuffed; 5.5 mm - 7.0 mm; 7.5 mm – 9.0 mm).
(e) Endotracheal tube stylets pediatric and adult.
(f) Magill forceps, pediatric and adult sizes.
(g) Device for intratracheal meconium suctioning in newborns.
(h) Tourniquets.
(i) I.V. cannulae 14 thru 24 gauge.
(j) Micro drip sets.
(k) Macro drip sets.
(l) I.V. pressure infuser.
(m) Needles 18 thru 25 gauge.
(n) Intraosseous needles and three way stop cocks.
(o) Syringes, from 1 ml. to 20 ml.
(p) D.C. battery powered portable monitor with defibrillation and pacing capabilities, ECG printout and spare battery. The unit shall be capable of delivering pediatric defibrillation (energy below 25 watts-sec and appropriate equipment).
(q) Monitoring electrodes for adults and pediatrics.
(r) Pacing electrodes. Pediatric and Adult.
(s) Glucometer.
(t) Approved sharps container per chapter 64E-16, F.A.C.
(u) Flexible suction catheters.
(v) Electronic waveform capnography capable of real-time monitoring and printing record of the intubation



HCA Florida Osceola Hospital

Adenosine injection	6mg/2ml
Albuterol Sulfate nebulizer	2.5mg/3ml
Amiodarone injection	150mg/3ml
Aspirin tablet	81mg
Atropine Sulfate injection	0.5mg/5ml
Dextrose 50% injection	25g/50ml
Diphenhydramine injection	50mg/1ml
Epinephrine Hydrochloride (1:1,000) injection	1mg/1ml
Epinephrine Hydrochloride (1:10,000) injection	0.1mg/1ml
Glucagon injection	1mg per vile/1ml sterile water
Hydralazine injection	20 mg/1 ml

Magnesium Sulfate injection	50% (5g/10ml)
Metoprolol injection	5 mg/5ml
Midazolam injection	2mg/2ml
Morphine Sulfate injection	10mg/1ml
Naloxone injection	2mg/2ml
Nitroglycerin tablet	0.4mg/tablet
Ondansetron injection	4mg/2ml
Sodium Bicarbonate injection	50mEq (1mEq/1ml)

Supporting Documents

Supplementary Documentation

1. Work Reference Letter of Support (Item #1)
2. Business References (Item #2)
3. Business Reference Letter of Support (Item #2)
4. Credit References (Item #3)
5. Credit Reference Letter of Support (Item #3)



February 15, 2023

Orange County
Mayor Demings, and
Board of County Commissioners
c/o Jennifer Jensen – Orange County Compliance Officer
201 S. Rosalind Avenue
Orlando, FL 32801

Re: HCA Florida Osceola Hospital - COPCN Application

Dear Mayor Demings and Commissioners:

It is a privilege to write this letter in support of HCA Florida Osceola Hospital and their request to obtain a Certificate of Public Convenience and Necessity (COPCN) for Orange County. HCA Florida Osceola Hospital previously requested and received COPCN approval from Osceola County, Polk County, and Seminole County. The hospital has also acquired its Advanced / Basic Life Support Service License from State of Florida, Department of Health, and Emergency Medical Services.

The undersigned physicians are not employees of the hospital. We each provide services to HCA Florida Osceola Hospital through a variety of individual Professional Service Agreements, including physician staffing and coverage for; Emergency Services, Anesthesia Services, Hospitalists Services, Pathology Services, and Radiology Services. We are therefore separate businesses providing services for HCA Florida Osceola Hospital.

I am HCA Florida Osceola Hospital's Emergency Medicine Department Chair, providing physician services and medical oversight of the Main Emergency Department and our two Free Standing Emergency Departments. I also serve as the Medical Director for the Interfacility Ambulance Transportation Service. I provide oversight of all of the clinical policies used in this service. I have significant past experience, working in this same role for a large ambulance service in Washington DC, and the state of Maryland. I am writing on behalf of the physicians listed below, all who are in support of HCA Florida Osceola Hospital's COPCN application.

The hospital currently owns three Type III ambulances. Two were purchased at the inception of the Interfacility Ambulance Transport Service and are fully equipped, staffed, and in operation. All policies and procedures needed to operate this service in a safe and efficient manner are in place and have proven to be effective. In January 2023, a third Type III ambulance was purchased and is in the process of being permitted, registered, and equipped. It is anticipated this ambulance will be fully operational before April 1, 2023.

We are pleased with the success the Interfacility Ambulance Transport has achieved and the service it delivers to the community and patients the hospital serves. This service expedites continuity of care by providing reliable, safe transfers to those who need a higher level of care, additional specialists, or inpatient admission.

Your review and approval of HCA Florida Osceola Hospital's COPCN application is appreciated.

Sincerely,



David Lane, MD
Emergency Medicine Department Chair
Medical Director for Interfacility Transport Service

On behalf of:

Tejal Patel, MD
Department of Radiology Chairman

Jose Rojas, MD
Department of Anesthesia Chairman

Gilles Chemtob, MD
Intensivist Services

Maria Wallis-Crespo, MD
Pathology Services

Zeeshan Zafar, MD
Hospitalist Services

Cc; R. David Shimp HCA Florida Osceola Hospital, Chief Executive Officer
Nicole H. Wilson Orange County Commissioner - District 1 (Hunter's Creek ER)
Christine Moore Orange County Commissioner - District 2
Mayra Uribe Orange County Commissioner - District 3
Maribel Gomez Cordero Orange County Commissioner - District 4
Emily Bonilla Orange County Commissioner - District 5
Michael "Mike" Scott Orange County Commissioner - District 6 (Millenia ER)

Business References

1. Nelson Mullins Riley & Scarborough LLP (Reference Letter Attached)
390 North Orange Avenue, Suite 1400
Orlando, Florida 32801
2. Kissimmee Utility Authority
1701 West Carroll Street
Kissimmee, Florida 34741
3. Kissimmee Fire Department
101 Church Street #200
Kissimmee, Florida 34741
4. Osceola Chamber of Commerce
1425 East Vine Street
Kissimmee, Florida 34744
5. Osceola County Commission
1 Courthouse Square
Kissimmee, Florida 34741

Jo O. Thacker
(407) 839-4230

jo.thacker@nelsonmullins.com

390 North Orange Avenue, Suite 1400
Orlando, FL 32801
T 407.839.4200 F 407.426.8377
nelsonmullins.com

February 15, 2023

Orange County
Mayor Jerry L. Demings and
Board of County Commissioners
c/o Jennifer Jensen – Orange County EMS Compliance Officer
2002-A East Michigan Street
Orlando, FL 32806

Re: HCA Florida Osceola Hospital - COPCN Application

Dear Mayor Demings:

It is a privilege to write this letter in support of HCA Florida Osceola Hospital and its request to obtain a Certificate of Public Convenience and Necessity (COPCN) from Orange County. HCA Florida Osceola Hospital has received a COPCN from Osceola County and the Hospital has acquired its Advanced / Basic Life Support Service License from State of Florida, Department of Health, and Emergency Medical Services.

I have been on the Board of Trustees of HCA Florida Osceola Hospital for 9 years and have been the Chairperson since January 2021. I am writing on behalf of the entire voluntary Board of Trustees in support of this application. In fact, our Board passed a resolution (attached) in support of this application and the Board Members on the attached resolution are adding their individual names as members of our community in support as well.

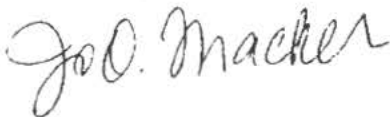
HCA Florida Osceola Hospital is the oldest (90 years) and largest (404 bed) and most comprehensive Hospital in Osceola County. In addition to the current freestanding emergency rooms; HCA Florida Hunter's Creek Emergency (opened in 2014) and HCA Florida Millenia Emergency (opened in 2019), HCA Florida Osceola Hospital is the only trauma facility and the only teaching hospital in our county, with over 190 physician Residents and Fellows in affiliation with the University of Central Florida – College of Medicine. In addition to a Trauma Level II service, our hospital offers numerous services, including; Certified Comprehensive Stroke Center, High Risk OB and Level III NICU, CV Surgery, Cardiac Cath, EP and Structural Heart programs, Behavioral Health services, and an Acute Physical Therapy Rehabilitation Medicine unit, among many other services.

The Hospital has purchased three new Type III ambulances with two being purchased in 2021 when the Interfacility Transport Service was established. Two of the three are fully operational, appropriately equipped, and staffed to operate twenty-four hours a day. The third was purchased in January 2023 and is currently being permitted, registered, and equipped with an anticipation of being fully operational before April 1, 2023. Policies and procedures are in place to operate all three vehicles and provide services in a safe and efficient manner.

I have confidence the Interfacility Transport will continue to be a successful service for the community and patients the Hospital serves. This service helps expedite transfers for those patients needing a higher level of care, additional specialists, or inpatient admission. The Intrafacility Transport Service ensures patient transportation is performed timely and care is provided by the its own team of hospital-based clinicians.

Your review and approval of HCA Florida Osceola Hospital's COPCN application will be greatly appreciated.

Sincerely,



Jo Thacker
Chairperson
HCA Florida Osceola Hospital Board of Trustees

Cc:	R. David Shimp	HCA Florida Osceola Hospital, Chief Executive Officer
	Nicole H. Wilson	Orange County Commissioner - District 1 (Hunter's Creek ER)
	Christine Moore	Orange County Commissioner - District 2
	Mayra Uribe	Orange County Commissioner - District 3
	Maribel Gomez Cordero	Orange County Commissioner - District 4
	Emily Bonilla	Orange County Commissioner - District 5
	Michael "Mike" Scott	Orange County Commissioner - District 6 (Millenia ER)

**Osceola Region Medical Center
Board of Trustees
Resolution
Initiation of Inter-Facility Ambulance Transportation
and the acquisition of required COPCN from Orange County
June 17, 2021**

We the undersigned members of the Board of Trustees of Osceola Regional Medical Center, based in Kissimmee, Florida are in support of, and have unanimously approved and passed this Board Resolution for Osceola Regional Medical Center ("Medical Center") to apply for and obtain the required Certificate Of Public Convenience and Necessity (COPCN) and to initiate an Inter-facility Ambulance Transport Service between its affiliated facilities, including the Hunter's Creek ER and the Millenia ER.

In support of this, the Medical Center has received the required COPCN from Osceola County, and is now applying for a COPCN from Orange County. It is also in the process of Purchasing 2 Type III ambulances and all required equipment, supplies, and staff, needed to operate a safe and efficient ambulance transportation service.

This new Inter-facility Ambulance Transport Service will offer the community and the Medical Center's patients a safe, reliable, timely, efficient and high quality transportation service to expedite transfers between the Free Standing ERs and the main hospital for those patients needing a higher level of care or additional specialists.

Motion brought forth, Seconded and Unanimously Passed
On this 17th Day of June, in the year 2021.

Jo Thacker, Board Chair	Attorney, Nelson Mullins, Orlando, FL
Grant LaCert, Vice Chair	Attorney, Kissimmee Utility Authority
Davide Carbone, Secretary	President and CEO – Osceola Regional Medical Center
Atlee Mercer, Immediate Past Chair	Community Representative / Healthcare Consumer
Cheryl L. Grieb, Member	Osceola County Commissioner
Richard Hammett, Member	President, HCA North Florida Division
Mike Horner, Member	CEO, Macy Island Consulting, LLC
Sayed Hussain, MD, Member	Cardiologist, Florida Cardiology
William Munoz, MD, Member	Chief of Staff, Internal Medicine, Central Florida Primary Care
John Newstreet, Member	President, Osceola Chamber of Commerce
Jorge Otoy, MD, Member	Oncologist, Osceola Oncology Specialists
Edward Ross, MD, Member	Chair of Internal Medicine, UCF College of Medicine
Carlos Velez, Member	Senior Group Account Executive – Orlando Magic
Chief James Walls, Member	Chief, Kissimmee Fire Department



Jo Thacker, Board Chairperson
Signed On Behalf of the above Board Members
Date: June 23, 2021

Credit References

1. C.R Bard Inc.
1 Executive Drive Suite 304
Chelmsford, MA 01824
2. Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060
3. Johnson & Johnson Health Care Systems, Inc.
425 Hoes Lane
Piscataway, NJ 08854
4. Staples, Inc.
300 Arbor Lake Dr.
Columbia, SC 29223
5. PIP Marketing, Signs, & Print
YESCO Sign & Lighting Service
925 W Oak Street
Kissimmee, FL 34741



APPLICATION FOR CREDIT

Date: 02/15/2023

GENERAL INFORMATION:

On behalf of:

HCA Florida Osceola Hospital

Applicant: HCA Healthcare
Address: One Park Plaza
City, State, Zip: Nashville, TN 37203
Phone: (615) 344-9551
Purchasing Contact: Facility Supply Chain Director Phil St Onge
Dun & Bradstreet: 19-430-3616
NYSE Symbol: HCA
Payment Contact: Joe Arcuri, AVP – Supply Chain Financial Ops
Sales Tax: HCA is a taxable corporation, unless a Sales Tax Exemption Certificate is provided

BUSINESS REFERENCES:

C.R Bard Inc.
1 Executive Drive Suite 304
Chelmsford, MA 01824
Contact: Valerie Garcia
Phone: (240) 526-5624
Email: AR.Covington@BD.com

Medline Industries, Inc.
One Medline Place
Mundelein, Illinois 60060
Contact: Rhonda V. Hinks
Phone: (847) 949-3181
Fax: (847) 949-3155
Email: RHinks@Medline.com

Johnson & Johnson Health Care Systems, Inc.
425 Hoes Lane
Piscataway, NJ 08854
Contact: John Shipley
Phone: (732) 562-3264
Email: jshipley@its.jnj.com

Staples, Inc.
300 Arbor Lake Dr.
Columbia, SC 29223
Contact: Susan Louis
Phone: (941) 926-2456
Email: susan.louis@staples.com

BANK REFERENCE INFORMATION ONLY: (See instructions below)

Wells Fargo Bank
301 College Street
Charlotte, NC 28288

Balance Confirmation Services
R4057-01N, PO Box 40028
Roanoke, VA 24022
Ph. (540) 563-7323
Fax: (844) 879-0544

In order to obtain bank reference information, the company requesting must complete SECTION 1: "REQUESTER INFORMATION" of the attached *Commercial Credit Inquiry Form. Email completed form to Cindy Butterbaugh, Administrative Assistant, HCA | Corporate Treasury Cindy.Butterbaugh@hcahealthcare.com | Ph. (615) 344-2859

OFFICERS:

Sam Hazen, President and Chief Executive Officer
Bill Rutherford, Chief Financial Officer



02/15/2023

Orange County
Mayor Jerry L. Demings and
Board of County Commissioners
c/o Jennifer Jensen – Orange County EMS Compliance Officer
2002-A East Michigan Street
Orlando, FL 32806

RE: HCA Florida Osceola Hospital – COPCN Application

Dear Mayor Demings:

This credit reference letter is to confirm that PIP Marketing, Signs & Print and YESCO Sign & Lighting Service have been doing business with HCA Florida Osceola Hospital since 2011. During this time payments have been made reliably, in full, and on time.

If you require additional information please refer inquiries to me at the contact information listed below.

Sincerely,

A handwritten signature in black ink that reads 'Jae Bohman'. The signature is written in a cursive style and is positioned above the printed name.

Jacqueline "Jae" Bohman, Owner
PIP Marketing, Signs, & Print
YESCO Sign & Lighting Service
929 W Oak Street, Kissimmee, FL 34741