

Public Hearing

MEMORANDUM

DATE:	November 3,	2021
TO:		Deputy Clerk of the Board of County Commissioners Clerk's Office
THRU:	Cheryl Gillespie, Supervisor Agenda Development Office	
FROM:	Yolanda G. M Health Servic	lartinez, EdPh.D, PhD., Director
CONTACT:	TACT: Christian C. Zuver, MD, Medical Director Office of the Medical Director/EMS Division 407-839-7606 or Christian.Zuver@ocfl.net	
RE:	to Consider	Public Hearing on November 30, 2021 at 2:00 p.m. an Application for a Certificate of Public Convenience and Provide Interfacility Basic and Advanced Life Support Transport
Applicant:		Osceola Regional Hospital Inc. d/b/a Osceola Regional Medical Center
Type of Heari	ng:	Certificate of Public Convenience and Necessity Application to provide Interfacility Basic and Advanced Life Support Transport Services
Location:		All Districts
Estimated time required for public hearing		Two minutes
Hearing controversial:		Yes
Advertising requirement:		Publish once in the legal notices section of a local newspaper of general circulation.
Advertising timeframe:		At least 10 days prior to the public hearing.

Katie Smith, Clerk to the BCC/Request for Public Hearing November 3, 2021 Page 2

Advertising language:	An application by Osceola Regional Hospital Inc. d/b/a Osceola Regional Medical Center for a Certificate of Public Convenience and Necessity to provide interfacility Basic and Advanced Life Support transport services pursuant to Orange County Code, Chapter 20, Article III, Emergency and Nonemergency Medical Care and Transportation.
Hearing required by	
Fla. Statute # or code:	Hearing authorized by Section 20-93(a)(1), Orange County Code.
Spanish Contact Person:	Para más información en español acerca de estas reuniones públicas o de cambios por ser efectuados, favor de llamar a la Oficina de los Abogados del Condado, Roberta Alfonso, at 407-836-7320.

The following materials will be submitted as backup for this public hearing request:

- 1. Application for COPCN filed by Osceola Regional Hospital Inc. d/b/a Osceola Regional Medical Center dated June 25, 2021 and subsequently amended.
- 2. Objection to Osceola Regional Hospital Inc. d/b/a Osceola Regional Medical Center's Application for COPCN filed by RG Ambulance Service, Inc. d/b/a American Ambulance ("American Ambulance") dated September 29, 2021.
- 3. Objection to Osceola Regional Hospital Inc. d/b/a Osceola Regional Medical Center's Application for COPCN filed by Lifefleet Southeast, Inc., d/b/a American Medical Response ("AMR") dated September 30, 2021.
- 4. EMS's Recommendation on Osceola Regional Hospital Inc. d/b/a Osceola Regional Medical Center's Application for a Certificate of Public Convenience and Necessity to Provide Interfacility Basic and Advanced Life Support Transport Services in Orange County on October 15, 2021.

SPECIAL INSTRUCTIONS TO CLERK:

If approved and issued, please contact Crystal Beatty Ford for pick up at 407-836-9392.

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



Crystal Ford, Compliance Officer Orange County EMS 2002-A E. Michigan Street Orlando, FL 32806

RE: Application for Orange County COPCN for Osceola Regional Medical Center

Dear Ms. Ford:

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

Osceola Regional Medical Center is seeking approval to initiate transportation services for transport between HCA freestanding emergency rooms and HCA affiliated Hospitals. Initially, this ambulance service would provide Advanced Life Support and Basic Life Support Interfacility transportation services of admitted patients from our Freestanding ERs to our main hospital, Osceola Regional Medical Center. As we further develop the service, it will provide patient transportation services for patients between all HCA affiliated FSERs and Hospital facilities in Central Florida in service counties of Orange, Osceola, Polk and Seminole.

Your review and approval of our application will be appreciated.

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

Sincerely,

Davide M. Carbone, FACHE Chief Executive Officer

June 25, 2021



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

APPLICATION DATE: 06/25/2021

PROPOSED DATE OPERATIONS WILL BEGIN: 08/01/2021

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: Osceola Regional Medical Center Inter-facility Transport
- 2. BUSINESS ADDRESS (INCLUDE COUNTY):

700 West Oak Street, Kissimmee, Florida 34741 (Osceola)

3. CONTACT INFORMATION: Business Phone 407-518-3520

Mobile Phone 407-433-9219

Email Keri.Pintozzi@hcahealthcare.com

- 4. OWNERSHIP TYPE: ☑PRIVATE CORPORATION □GOVERNMENT AGENCY □OTHER
 - a. If other, please describe: _____
- 5. LEVEL OF SERVICE: □ALS TRANSPORT □ □ALS TRANSPORT (INTERFACILITY) □BLS TRANSPORT □ □BLS TRANSPORT (INTERFACILITY) □ □ALS NON-TRANSPORT □BLS NON-TRANSPORT □ □ALS AIR TRANSPORT
- 6. CORPORATE OFFICERS AND DIRECTORS:
- 7. <u>NAME</u> <u>ADDRESS</u> <u>POSITION</u> See attached for list of Corporate Officers and Directors (Attachment A)

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

Primarily transporting from: Hunter's Creek Freestanding ER (12100 S. John Young Pkwy., Orlando, FL 32837) and Millenia Free-standing ER (4056 Millenia Blvd., Orlando, FL 32839) To: Osecola Regional Medical Center (700 West Oak Street, Kissimmee, FL 34741) (Osceola and Orange Counties)

9. STATEMENT OF FACTS SHOWING THE DEMAND OR NEED FOR THE PROPOSED SERVICE:

This service would provide inter-facility transportation (Advanced Life Support and Basic Life Support Services) of emergency room patients and patients to be admitted from Hunter's Creek and Millenia Free-standing ERs to main hospital, Osceola Regional Medical Center. Eventually to transport to and from other HCA facilities.

10. STATEMENT SHOWING HOW YOU PLAN TO FILL THE NEED FROM QUESTION 9 (NUMBER AND TYPE OF UNITS, STATION LOCATION, ETC):

Purchase of 2 Wheeled Coach Citymedic Type III Ambulances

Initial station locations:

Osceola Regional Medical Center - 700 West Oak Street, Kissimmee, Florida 32741 (main)

Hunter's Creek Free-standing ER - 12100 S. John Young Pkwy, Orlando, FL 32837 (satellite 1) Millenia Free-standing ER - 4056 Millenia Blvd., Orlando, FL 32839 (satellite 2)

11. NUMBER OF VEHICLES IN OPERATION: 2 (initially)

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

<u>NAME</u>

CURRENT CPR CARD (Y/N)

Start-up operations - hiring process has not begun. Will hire to staff both ambulances 24/7

	TION II: REQUISITES TO OBTAINING LICENSE
1	RATE CHART PROVIDED TO EMS OFFICE: Initally, Osceola Regional Medical Center is requesting Initally, Osceola Regional Medical Center is requesting
	□ YES, DATE: Internal facility transport only and will not bill to any patients for services from Satellite locations to Main campus.
2	. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):
	Business or work references for 5 years, including one letter of reference
	Five personal references, including one letter of reference
	Five credit references, including one letter of reference
3.	BUSINESS AGREEMENT LETTER PROVIDED TO EMS OFFICE (INTERFACILITY ONLY,
	Attachment V): Initially, Business Agreement Not Applicable due to Intrafacility transport between Freestanding
	Image: Second
4.	ATTESTATION THAT PARAMEDICS ARE STATE CERTIFIED PROVIDED TO EMS OFFICE (ALS
	ONLY, Attachment IV): All Paramedics to be hired will be state certified. Hiring has not begun.
	YES, DATE: Can provide when onboarding
5.	EQUIPMENT LIST PROVIDED TO EMS OFFICE (ALS ONLY, Attachment IV):
	☑ YES, DATE: 06/25/2021 □ NO
6.	FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE: (Attachment B)
	☑ YES, DATE: 06/25/2021 □NO
	Example: Current letter from bank verifying business account status (no account numbers please).
7.	PROOF OF INSURANCE SUBMITTED TO EMS OFFICE: (Attachment VI)
	☑ YES, DATE: 06/25/2021 □NO

3 of 8

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.

See Attachment I	
· · · · · · · · · · · · · · · · · · ·	
·······	 ······

2. List five personal or business references. Submission of at least one letter of reference from list below is required.

ADDRESS	PHONE
	ADDRESS

3. List five credit references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
See Attachment I		
	······································	

4. Please supply a current financial statement. See Attachment B

ATTACHMENT II: COMMUNICATION CAPABILITIES

1. LIST THE ADDRESS AND DESCRIPTIONS OF EACH OF THE LOCATIONS YOU WILL OPERATE FROM, AND THE HOURS OF OPERATION AND STAFFING AT EACH PROPOSED LOCATION:

Main: 700 West Oak Street, Kissimmee, Florida 34741 Hours 24/7

Satelitte 1: (Hunter's Creek ER) 12100 S. John Young Pkwy., Orlando, FL 32837 Hours: 24/7

Satelitte 2: (Millenia ER) 4056 Millenia Blvd., Orlando, FL 32839 Hours: 24/7 2. LIST ALL HOSPITALS TO WHICH YOU WILL NORMALLY TRANSPORT PATIENTS:

N/A - New service

- 3. COMMUNICATIONS EQUIPMENT: ØTELEPHONE ØTWO-WAY RADIO ØOTHER
 - a. Number of vehicles equipped with two-way radios: <u>2</u>______
 - b. Frequency(s): 000464.73750000, 000462.13750000
 - c. Call numbers: WRCK597
 - d. Number of vehicles equipped with mobile phones: <u>2</u>_____
- 4. APPROXIMATE DATE FCC RADIO LICENSE WILL BE EFFECTIVE (ATTACH IF CURRENT):

See Attachement D

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

Osceola Regional Medical Center, Hunter's Creek Freestanding ER, Millenia Freestanding ER. Dr. David Lane, Emergency Department Medical Director

ATTACHMENT III (ALS ONLY): ADVANCED LIFE SUPPORT CERTIFICATION AND LICENSURE REQUIREMENTS

- 1. IF LICENSED AMBULANCE SERVICE IN THE STATE OF FLORIDA, PROVIDE CURRENT ALS NUMBER: Filing application with State of Florida (pending)
- 2. PROVIDE THE NAME, ADDRESS, PHONE NUMBER AND FLORIDA MEDICAL LICENSE NUMBER OF YOUR MEDICAL DIRECTOR:

David Lane, MD, Chief of Emergency Department. ME138099 700 West Oak Street, Kissimmee, Florida 34741, 727-503-6363

3. DESCRIBE THE STAFFING PATTERNS TO ASSURE COMPLIANCE WITH EMTS, DRIVERS, AND PARAMEDICS:

Staffing coverage for 24/7/365

- 4. PROVIDE A STATEMENT SIGNED BY THE ALS PROVIDER AND IT'S MEDICAL DIRECTOR ATTESTING TO THE FACT THAT ALL UTILIZED PARAMEDICS ARE CERTIFIED AND AUTHORIZED TO PERFORM ADVANCED LIFE SUPPORT IN THE STATE OF FLORIDA (Attachment E)
- 5. PROVIDE A LIST OF ALL EQUIPMENT AND DRUGS CARRIED IN ADDITION TO THE MINIMUM EQUIPMENT SPECIFIED IN FLORIDA ADMINISTRATIVE CODE 64J-1.003 (Attachment IV)

ATTACHMENT IV (INTERFACILITY ONLY): BUSINESS AGREEMENT – Provide a written business agreement between the applicant and participating facilities

Not applicable

ATTACHMENT V: VEHICLE ROSTER – Provide a roster including make, model, mileage, and all vehicle identification and registration numbers

See attached

ATTACHMENT VI: PROOF OF INSURANCE – Provide a copy of vehicle liability insurance

See attached

ATTACHMENT VII: RATE CHART – A proposed schedule of rates, fares, and charges (if applicable)

Not applicable

APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESITY FOR AMBULANCE AND FIRE RESCUE:

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 of 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 20-91, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

mide Carbone RETI

SIGNATURE OF APPLICANT OR REPRESENTATIVE

NAME AND TITLE

1/25/2021

DATE

١

NOTARY SEAL

mo

NOTARY SIGNATURE



ATTACHMENT A

Corporate Officers and Directors

November 4, 2020

OFFICERS AND DIRECTORS OF OSCEOLA REGIONAL HOSPITAL, INC.

* Samuel N. Hazen	President	One Park Plaza Nashville, TN 37203
Charles J. Hall	Senior Vice President	One Park Plaza Nashville, TN 37203
Richard Hammett	Senior Vice President	101 N. Monroe St, Ste 801 Tallahassee, FL 32301
A. Bruce Moore, Jr.	Senior Vice President	One Park Plaza Nashville, TN 37203
J. William B. Morrow	Senior Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Joseph A. Sowell, III	Senior Vice President	One Park Plaza Nashville, TN 37203
Robert A. Waterman	Senior Vice President	One Park Plaza Nashville, TN 37203
* Christopher F. Wyatt	Senior Vice President	One Park Plaza Nashville, TN 37203
Kevin A. Ball	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nashville, TN 37203
Davide Carbone	Vice President	700 W. Oak Street Kissimmee, FL 34741
Monica Cintado	Vice President	One Park Plaza Nashville, TN 37203
Natalie H. Cline	Vice President and Secretary	One Park Plaza Nashville, TN 37203
John L. Crothers	Vice President	One Park Plaza Nashville, TN 37203
Jaime DeRensis	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Kristin Dyer	Vice President	101 N. Monroe St, Ste 801 Tallahassee, FL 32301
* John M. Franck II	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203

Shirley Fuller Cooper	Vice President	One Park Plaza Nashville, TN 37203
Dennis Green	Vice President	One Park Plaza Nashville, TN 37203
Ronald Lee Grubbs, Jr.	Vice President	One Park Plaza Nashville, TN 37203
John M. Hackett	Vice President	One Park Plaza Nashville, TN 37203
Seth A. Killingbeck	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
L. Erik Larsen	Vice President	One Park Plaza Nashville, TN 37203
T. Scott Noonan	Vice President	One Park Plaza Nashville, TN 37203
Nicholas L. Paul	Vice President	1100 Dr. Martin L. King, Jr. Blvd Suite 1500 Nashville, TN 37203
Ricardo Pavon	Vice President	One Park Plaza Nashville, TN 37203
Doug L. Downey	Assistant Secretary	One Park Plaza Nashville, TN 37203
Deborah H. Mullin	Assistant Secretary	One Park Plaza Nashville, TN 37203
Shirley Scharf Cheatham	Assistant Secretary	One Park Plaza Nashville, TN 37203
John I. Starling	Assistant Secretary	One Park Plaza Nashville, TN 37203

*Directors

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Company or by a partnership for which this Company acts as general partner or by a limited liability company for which this Company acts as managing member, are hereby authorized to, subject to the Company's policies and procedures, (a) manage the facilities and all day-to-day operations of, and the employees and agents of the Company at, such facilities, and take such other acts as are necessary or appropriate for the proper functioning of the facilities, including, but not limited to, physician contracts, personal property leases, purchase agreements, cost reports, and similar documents (but specifically excluding any contracts or leases relating to real estate, except for leases to tenants in buildings owned by or leased to the Company entered into pursuant to the Company's policies and procedures) which with the advice of legal counsel shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.

ATTACHMENT I

Business/Work References Personal References Credit References



June 21, 2021

Orange County Mayor Demmings, and Board of County Commissioners c/o Crystal Ford – Orange County EMS Compliance Officer 201 S. Rosalind Avenue Orlando, FL 32801

Re: Osceola Regional Medical Center - COPCN Application

Dear Mayor Demmings and Commissioners:

It is a privilege to write this letter in support of Osceola Regional Medical Center and their request to obtain a Certificate Of Public Convenience and Necessity (COPCN) for Orange County. The Medical Center desires to initiate an Interfacility Ambulance Transport Service between its two Freestanding Emergency Rooms; Hunter's Creek ER and Millenia ER, to the Main Hospital campus in Osceola County. Osceola Regional Medical Center has already received their COPCN from Osceola County and the hospital is in the process of acquiring 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 Osceola Regional Medical Center though 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 Osceola Regional Medical Center.

I am Osceola Regional's Chief of Emergency Department, providing physician services and medical oversite of the Main ED, and our two Free Standing ERs. I also have been appointed the Medical Director for the Medical Center's new Interfacility Ambulance Transportations Service. I will provide oversite 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 Osceola Regional Medical Center's COPCN application.

The Medical Center is now in the process of purchasing two new Type III ambulances from Wheeled Coach (based in Orlando) and is acquiring all the additional equipment, supplies and staff, and is developing policies and procedures needed to operate this service in a safe and efficient manner.

We are confident that this Interfacility Ambulance Transport will become another successful service offering for the community and patients the Medical Center serves. This service will help expedite

transfers between Osceola's Free-Standing ERs and the main hospital for those patients needing a higher level of care or additional specialists. This Interfacility transport capacity will ensure the patient transportation is efficient and safe, with direction provided by the Medical Center's own team of hospital-based clinician.

Your review and approval of Osceola Regional Medical Center's COPCN application will be appreciated.

Sincerely,

David Lane, MD Chief of Emergency Department

On behalf of:

Tejal Patel, MD Chief of Radiology

Jamie Pulaski, MD Chief of Anesthesia Services

Mohammed Sharif, MD Chief of Intensivist Services

Maria Wallis-Crespo, MD Chief of Pathology Services

Zeeshan Zafar, MD Chief of Hospitalist Services

Cc;	Davide Carbone	Osceola Regional Medical Center, Chief Executive Officer		
	Nicole H. Wilson	Orange County Commissioner - District 1	(Hunter's Creek ER)	
	Victoria P. Siplin	Orange County Commissioner - District 6	(Millenia 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		



Jo O. Thacker (407) 839-4230

jo.thacker@nelsonmullins.com

NELSON MULLINS RILEY & SCARBOROUGH LLP ATTORNEYS AND COUNSELORS AT LAW

390 North Orange Avenue, Suite 1400 Orlando, FL 32801 T 407.839.4200 F 407.425.8377 nelsonmullins.com

June 23, 2021

Orange County Mayor Jerry L. Demings and Board of County Commissioners c/o Crystal Ford – Orange County EMS Compliance Officer 201 S. Rosalind Avenue Orlando, FL 32801

Re: Osceola Regional Medical Center - COPCN Application

Dear Mayor Demings:

It is a privilege to write this letter in support of Osceola Regional Medical Center and its request to obtain a Certificate of Public Convenience and Necessity (COPCN) from Orange County. The Medical Center desires to initiate an Inter-facility Ambulance Transport Service between its two Freestanding Emergency Rooms; Hunter's Creek ER and Millenia ER, to the Main Hospital campus in Osceola County. Osceola Regional Medical Center has already received a COPCN from Osceola County and the hospital is in the process of acquiring 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 Osceola Regional Medical Center for 7 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 recently 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.

Osceola Regional Medical Center ("Medical Center") is the oldest (88 years) and largest (404 bed) and most comprehensive Hospital in Osceola County. In addition to the current free Standing Emergency Rooms; Hunter's Creek ER (opened in 2014) and Millenia ER (opened in 2019), Osceola Regional 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 Medical Center 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.

Orange County, Board of County Commissioners c/o Crystal Ford – Orange County EMS Compliance Officer Re: Osceola Regional Medical Center - COPCN Application June 23, 2021 Page 2 of 2

The Medical Center is now in the process of purchasing two new Type III ambulances from Wheeled Coach (based in Orlando) and is acquiring all the additional equipment and supplies as well as personnel to fully equip and staff the ambulances. Policies and procedures will be in place to operate this service in a safe and efficient manner.

I have confidence that Inter-facility Transport will become another successful service offering for the community and patients the Medical Center serves. This service will help expedite transfers between the Medical Center's Free Standing ERs and the main hospital for those patients needing a higher level of care or additional specialists. This Inter-facility transport will ensure the patient transportation is timely and provided by the Medical Center's own team of hospital based clinicians.

Your review and approval of Osceola Regional Medical Center's COPCN application will be greatly appreciated.

Sincerely,

Jo O. Macker

Jo Thacker Chairperson – Board of Trustees

Cc;Davide M. Carbone
Nicole H. WilsonChief Executive Officer, Osceola Regional Medical Center
Orange County Commissioner - District 1 (Hunter's Creek ER)
Orange County Commissioner - District 6 (Millenia ER)
Orange County Commissioner - District 2
Mayra UribeMaribel Gomez CorderoOrange County Commissioner - District 3
Maribel Gomez CorderoMaribel Gomez CorderoOrange County Commissioner - District 4
Emily Bonilla

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.

> > Attorney, Nelson Mullins, Orlando, FL

Jo Thacker, Board Chair Grant LaCert, Vice Chair Davide Carbone, Secretary Cheryl L. Grieb, Member Richard Hammett, Member Mike Horner, Member Sayed Hussain, MD, Member William Munoz, MD, Member John Newstreet, Member Jorge Otoya, MD, Member Edward Ross, MD, Member Carlos Velez, Member Chief James Walls, Member

Attorney, Kissimmee Utility Authority President and CEO – Osceola Regional Medical Center Atlee Mercer, Immediate Past Chair Community Representative / Healthcare Consumer Osceola County Commissioner President, HCA North Florida Division CEO, Macy Island Consulting, LLC Cardiologist, Florida Cardiology Chief of Staff, Internal Medicine, Central Florida Primary Care President, Osceola Chamber of Commerce Oncologist, Osceola Oncology Specialists Chair of Internal Medicine, UCF College of Medicine Senior Group Account Executive – Orlando Magic Chief, Kissimmee Fire Department

Jo O. Macher

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



APPLICATION FOR CREDIT

Date: 06/25/21

GENERAL INFORMATION:

On behalf of: Osceol		Regional Hospital, Inc.	
Applicant:	HCA Healthcare		
Address:	One Park Plaza		
City, State, Zip:	Nashville, TN 37203		
Phone:	(615) 344-9551		
Purchasing Contact:	Facility Supply Chain Director		
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 accompanies the purchase order			
BUSINESS REFERENCE	PERCENT AND A DESCRIPTION OF A		
C.R Bard Inc.		Medline Industries, Inc.	
1 Executive Drive Su		One Medline Place	
Chelmsford, MA 0182		Mundelein, Illinois 60060	
Contact: Valerie Garc		Contact: Rhonda V. Hinks	
Phone: (240) 526-5624		Phone: (847) 949-3181	
Email: <u>AR.Covington</u>	@BD.com	Fax: (847) 949-3155	
		Email: <u>RHinks@Medline.com</u>	
Johnson & Johnson H	lealth Care Systems, Inc.	Staples, Inc.	
425 Hoes Lane		300 Arbor Lake Dr.	
Piscataway, NJ 08854	ŧ.	Columbia, SC 29223	
Contact: John Shiple		Contact: Susan Louis	
Phone: (732) 562-326	4	Phone: (941) 926-2456	
Email: jshipley@its.jnj.com		Email: <u>susan.louis@staples.com</u>	
BANK REFERENCE IN	FORMATION ONLY: (See ins	tructions below)	
Wells Fargo Bank		Balance Confirmation Services	
301 College Street		R4057-01N, PO Box 40028	
Charlotte, NC 28288		Roanoke, VA 24022	
		Ph. (540) 563-7323	
		Fax: (844) 879-0544	
In order to obtain	bank reference information.	the company requesting must complete	
OLOHON I. REQUE	SIER INFORMATION" of the	attached *Commercial Credit Inquiry Commercial	
Linai con	ipleted form to Cindy Butter	augh Administrative Accietant	
HCA Corporate T	reasury Cindy.Butterbaugh@	Chcahealthcare.com Ph. (615) 344-2859	
OFFICERS:			

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

ATTACHMENT B

Financial Statement

COMBINED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

HCA Healthcare, Inc. Hospitals in the State of Florida Year Ended December 31, 2020 With Report of Independent Auditors

Combined Financial Statements and Supplementary Information

Year Ended December 31, 2020

Contents

Report of Independent Auditors	
Combined Financial Statements	
Combined Balance Sheet	
Supplementary Information	
Combining Balance Sheet	



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, 2020, 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.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the combined financial position of HCA Healthcare, Inc. Hospitals in the State of Florida at December 31, 2020, and the combined results of its operations and its cash flows for the year then ended in conformity with U.S. generally accepted accounting principles.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the combined 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, 2020 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 combined 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. In our opinion, the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst + Young LLP

May 21, 2021

HCA Healthcare, Inc. Hospitals in the State of Florida Combined Balance Sheet

December 31, 2020

Assets

Current assets:	
Cash	\$ 1,660,028
Accounts receivable	1,314,106,020
Inventories	331,506,496
Prepaid expenses and other current assets	40,701,874
Estimated receivable under	40,701,074
third-party reimbursement programs, net	35,153,752
	1,723,128,170
Property and equipment, at cost:	1,723,120,170
Land	518,521,144
Buildings	3,744,808,853
Equipment	5,187,223,204
Construction in progress	269,112,377
	9,719,665,578
Accumulated depreciation	(5,045,918,576)
	4,673,747,002
	4,075,747,002
Goodwill	432,201,382
Due from an HCA Healthcare, Inc. affiliate, net	8,672,815,083
Right-of-use operating lease assets	110,987,235
Other assets	7,792,802
Total assets	<u>\$15,620,671,674</u>
	<u>\$15,020,071,074</u>
Liabilities and equity	
Current liabilities:	
Accounts payable	\$ 442,579,863
Accrued expenses	393,519,808
Current portion of finance lease obligations	14,518,362
	850,618,033
	050,010,055
Other liabilities	142,923,443
Finance lease obligations	30,774,123
Right-of-use operating lease obligations	85,895,215
Notes payable to an HCA Healthcare, Inc. affiliate	· · ·
· · · · · · · · · · · · · · · · · ·	1,500,000
Equity Attributable to HCA Healthcare, Inc. Hospitals in the State of Florida	14,498,012,521
Noncontrolling interests	10,948,339
~	
Total liabilities and equity	14,508,960,860
	\$15,620,671,674
See accompanying notes.	

Combined Income Statement

Year Ended December 31, 2020

Revenues	\$ 10,385,741,416
Salaries and benefits Supplies Other operating expenses Depreciation Interest expense	3,563,446,813 1,677,249,058 2,487,748,285 483,846,224 41,625,831
Management fees Income before nonoperating gains and income taxes Nonoperating gains, net	 338,760,806 8,592,677,017 1,793,064,399 509,667,852
Income before income taxes Provision for income taxes Net income	 2,302,732,251 523,638,769 1,779,093,482
Net income attributable to noncontrolling interests Net income attributable to HCA Healthcare, Inc. Hospitals in the State of Florida	\$ 714,562

See accompanying notes.

Combined Statement of Changes in Equity

	s in the Florida	Attributable to Noncontrolling Interests		Total
Contributions from affiliates30Balance at December 31, 2020\$ 14,498	\$,200,284 \$ \$,378,920 (165,641)	 10,234,778 714,562 (1,001) 10,948,339 	•	12,424,435,062 1,779,093,482 (1,001) (165,641) <u>305,598,958</u> 14,508,960,860

See accompanying notes.

Combined Statement of Cash Flows

Year Ended December 31, 2020

Operating activities Net income	\$ 1.770.000 400
Adjustments to reconcile net income to net cash provided by operating activities and nonoperating gains:	\$ 1,779,093,482
Depreciation Increase (decrease) in cash from operating assets and liabilities:	495,241,497
Accounts receivable Inventories	27,122,036
	(13,653,140)
Prepaid expenses and other current assets	1,142,766
Accounts payable and accrued expenses	55,244,013
Estimated receivable under third-party reimbursement programs Other	(26,337,104)
	55,648,746
Net cash provided by operating activities and nonoperating gains	2,373,502,296
Investing activities	
Purchases of property and equipment, net Acquistion of healthcare entities	(678,504,536)
Net cash used in investing activites	(16,388,725)
rot outh used in investing activities	(694,893,261)
Financing activities Principal payments on lease obligations	
Distributions to noncontrolling interests	(11,373,675)
Distributions to infinite interests	(1,001)
Contributions from affiliates	(165,641)
Net transfers to an HCA Healthcare, Inc. affiliate	305,598,958
Net cash used in financing activities	(1,973,887,991)
the cash acts in manoning activities	(1,679,829,350)
Decrease in cash	(1,220,315)
Cash at January 1, 2020	2,880,343
Cash at December 31, 2020	<u>\$ 1,660,028</u>
Supplemental information, significant non-cash activity: Acquisition of property and equipment, under capital lease obligation	
r second of property and equipment, under capital lease obligation	\$ 31,865,251

See accompanying notes.

Notes to Combined Financial Statements

December 31, 2020

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
- Brandon Regional Hospital a division of Galencare, Inc. an indirect wholly owned subsidiary of HCA
- Central Florida Regional Hospital, Inc.
- Citrus Memorial Hospital, Inc.
- Columbia Hospital Corporation of South Broward d/b/a Westside Regional Medical Center
- Englewood Community Hospital, Inc.
- Fawcett Memorial Hospital, Inc.
- Fort Walton Beach Medical Center, Inc.
- 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
- Largo Medical Center, Inc.
- Lawnwood Medical Center, Inc.
- 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

Notes to Combined Financial Statements (continued)

1. Organization (continued)

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

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 and CARES Act Funding

On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic. Patient volumes and the related revenues for certain of our services have been and continue to be impacted. Certain portions of the Florida Hospitals' patient population, particularly segments with a high mortality risk, could remain wary of real or perceived opportunities for exposure to the virus.

The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") provides for a deferral of payments of the employer portion of Social Security tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021 and the remaining half until December 2022. At December 31, 2020, the Florida Hospitals had deferred \$109,761,000 of Social Security taxes. Additionally, the CARES Act created a payroll tax credit designed to encourage companies to retain employees during the pandemic. During the year ended December 31, 2020, the Florida Hospitals evaluated its eligibility for this credit and recorded \$14,559,000 of employee retention payroll tax credits as reductions to salaries and benefits.

The Florida Hospitals believe the extent of the COVID-19 pandemic'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 its control and ability to forecast. Because of these uncertainties, the Florida Hospitals cannot estimate how long or how severely the pandemic will impact its business. If the Florida Hospitals experience declines in cash flows and results of operations, such declines could have an impact on the inputs and assumptions used in significant accounting estimates.

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 thirdparty 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-forservice 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 self-pay 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, 2020, follows:

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Revenues (continued)

	2020	Ratio
Medicare	\$2,525,499,000	25%
Managed Medicare	1,980,103,000	19
Medicaid and Managed Medicaid	330,511,000	3
Managed care and other insurers	5,026,140 ,000	48
Other	523,488,000	5
Revenues	\$10,385,741,000	100%

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 \$70,525,000 in 2020.

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. 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. 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.

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Revenues (continued)

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.

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, 2020 was \$9,594,514,000. The estimated cost of total uncompensated care for the year ended December 31, 2020, was approximately \$778,047,000 (including \$381,206,000 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 property management activities, rental activities, contract services to other providers, interest income and certain interest expense on amounts due from/to an HCA affiliate.
Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

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 2020, approximately 14% and 12% 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.

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 certain longlived assets 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.

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Property and Equipment (continued)

Property and equipment to be disposed of is 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 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.

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 the Florida Hospitals' debt; 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.

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

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

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, 2020, was approximately \$207,095,000, of which approximately \$206,912,000 is included in the accompanying combined income statement as a component of other operating expenses and approximately \$183,000 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, 2020, was approximately \$503,259,000, of which approximately \$500,938,000 is included in the accompanying combined income statement as a component of other operating expenses, approximately \$2,030,000 is included as a component of depreciation expense and approximately \$291,000 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, 2020, the Florida Hospitals paid approximately \$247,391,000 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, 2020, the Florida Hospitals paid approximately \$151,894,000 to an HCA affiliate for outsourced lab services, of which approximately \$86,565,000 is included in the accompanying combined income statement as a component of salaries and benefits and approximately \$65,329,000 is included as a component of other operating expenses.

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, 2020) 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, 2020) 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, 2020, was approximately \$65,627,000, of which approximately \$39,877,000 is included in the accompanying combined income statement as interest expense and approximately \$25,750,000 is included as a component of nonoperating gains, net. Interest income under these arrangements of approximately \$518,710,000 is included in the accompanying combined income statement as a component of nonoperating gains, net.

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

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

A summary of amounts due from/(to) an HCA Healthcare, Inc. affiliate at December 31, 2020, follows:

8.36% medium-term notes; due 2024; allocated from an HCA affiliate\$(1,500,000)Due from an HCA affiliate, net\$8,672,815,000

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.

Insurance Programs

Risks related to professional and general liability claims have been transferred to HCA affiliates and these affiliates maintain the related reserves; 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, 2020, net of any incentive credits earned, was approximately \$214,604,000, of which approximately \$214,019,000 is included in the accompanying combined income statement as a component of other operating expenses and approximately \$585,000 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, 2020, was approximately \$33,307,000 of which approximately \$33,283,000 is included as a component of salaries and benefits in the accompanying combined income statement and approximately \$24,000 is included as a component of nonoperating gains, net.

Notes to Combined Financial Statements (continued)

2. Accounting Policies (continued)

Insurance Programs (continued)

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, 2020, was approximately \$208,245,000 of which approximately \$206,767,000 is included as a component of salaries and benefits in the accompanying combined income statement and approximately \$1,478,000 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 \$134,405,000 for the year ended December 31, 2020.

Comprehensive Income

The Florida Hospitals' comprehensive income is equal to net income for the year ended December 31, 2020.

Contribution from HCA

During 2020, an HCA affiliate, in its discretion, adjusted the management fee charged to the Florida Hospitals for 2019 by approximately \$305,443,000, resulting in corresponding increases to both equity of parent and due from an HCA affiliate in the accompanying balance sheet.

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.

Notes to Combined Financial Statements (continued)

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, 2020, was approximately \$78,785,000, of which approximately \$78,298,000 is included as a component of salaries and benefits in the accompanying combined income statement and approximately \$487,000 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.

The following table presents lease-related assets and liabilities as of December 31, 2020:

	Balance Sheet Classification	December 31, 2020
Assets:		
Operating leases	Right-of-use operating lease assets	\$110,987,000
Finance leases	Property and equipment	44,410,000
Total lease assets		\$155,397,000
Liabilities:		
Current:		
Operating leases	Accrued expenses	26,469,000
Finance leases	Current portion of finance lease obligations	14,518,000
Noncurrent:		
Operating leases	Right-of-use operating lease obligations	85,895,000
Finance leases	Finance lease obligations	30,774,000
Total lease liabilities		\$157,656,000
Weighted-average remaining term	a:	
Operating leases		7.0 years
Finance leases		3.9 years
Weighted-average discount rate:		
Operating leases		4.2%
Finance leases		3.2%

Notes to Combined Financial Statements (continued)

4. Leases (continued)

The following table presents certain information related to lease expense for finance and operating leases for the year ended December 31, 2020:

Finance lease expense:		
Depreciation	\$	11,822,000
Interest expense		1,358,000
Total finance lease expense		13,180,000
Operating lease expense (including short-		· ·
term and variable lease expenses):		
Included in other operating expenses		105,183,000
Included in nonoperating gains, net		<u>9,405,000</u>
Total lease expense	<u>\$</u>	127,768,000

The following table presents supplemental cash flow information for the year ended December 31, 2020:

Cash paid for amounts included in the measurement of lease liabilities:	
Operating cash flows for operating leases	\$ 33,119,000
Operating cash flows for finance leases	1,067,000
Financing cash flows for finance leases	11,374,000

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, 2020, are as follows:

	Operating Leases	Finance Leases
2021 2022 2023 2024 2025 Thereafter Total minimum rental commitments Less amounts representing interest	\$ 30,238,000 25,753,000 18,483,000 13,028,000 9,865,000 36,311,000 133,678,000	\$ 15,344,000 12,894,000 9,755,000 5,649,000 4,049,000 27,000 47,717,000
Present value of future minimum lease payments Less: current lease obligations Long-term lease obligations	(21,314,000) 112,364,000 (26,469,000)	(2,425,000) 45,292,000 (14,518,000)
Long-term tease offigations	\$ 85,895,000	\$ 30,774,000

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, 2020 through May 21, 2021, the date the combined financial statements were available to be issued.

HCA Healthcare, Inc. Hospitals in the State of Florida Notes to Combined Financial Statements (continued)

Supplementary Information

Combining Balance Sheet

December 31, 2020

	Bay Hospital, Inc. d/b/a Gulf Coast	Blake	Brandon	Central Florida	Citrus	Columbia Hospital Corporation of South	Englewood	Riwert
	Regional Medical Center	Medical Center	Regional Hosnital	Regional Moraitul Tee	Memorial Memorial	Broward d/b/a Westside	Community	Memorial
Assets				THE THEFT	TIMPLATIN' TITC'	Regional Medical Coner	Hospital, Inc.	Hespital, Inc.
Current assets:								
Cash	5 11.226	- S - S	5.881 \$	51,489 \$	1	3 1865		
Accounts receivable	28,668,864	37,422,407		896 41 82	560 725 04		4 F07'7	(+1)'r
Liventories	8.470.943	11 319 125	174 C 244	FLC 73L L		/ 10/ 720/ 67	6.870,101	18,592,807
Prenaid evocates and other chircut accete	cor uso			1.160.2/4	014.015.0	8,956,667	2,452,999	6.901.917
Estimated receivable/(payable) under	744/200	900.9077	1,486,434	1,097,187	291,766	548.644	628,105	499.262
third-party reunbursement programs	(060'EE)	7,988,605	133,322	243.877	E08 1E6 1	132.435		
	37,977,386	58,988,695	65,369,773	38.031.795	29.614.920	39,188,520		(4,646) 25,992,485
rroperty and equipment, at cost,								
Land .	9.237,907	2,607,697	14.235.217	16,738,106	1	8,427,523	1,369,632	7 557 180
sundings	70,830,057	74,546,467	157,240,205	40,007,735	56,001,713	117,770,378	IX.503.87	X0 775 010
Equipment	132,719,721	117,989,961	217,866,819	85,486,231	83,158,921	160,952,581	30,408,020	ATE OFT NO
Construction in progress	9.055,106	2,654,615	6.295,168	182.639	637,875	2,166,059	323 440	1075 500
	-221,842,791	197,798,740	395,637,409	142.414.711	139.798,509	289,316,541	21 004 963	CYI CUI 381
Accumulated depreciation	(98,598,259)	(123,345,364)	(205,744,488)	(85,471,440)	(43,567,241)	(159,752,148)	(35,640.231)	103,075,2017
	123,244,532	74,453,376	189,892,921	56,943,271	96,231,268	129,564.393	15,364,732	82.756.560
Goodwill	056,000,7	9,884,598	532,805	8,906,539	53 111 223	1		
Due from/(to) an HCA Holdings, Inc. affiliate	127,673,673	373,904,470	961,719,045	114,895,921	r154 105 1620	410 302 014		365,276,21
Right-of-use operating lease assets	905,394	1,135,614	1,841,527	198,094	38.671	365 519		110,431,224
Other assets	21,216	19,407	50,830	50,293	t	200.331		000'000'7
Total assets	\$ 297.723.131	\$ 518,386,160 \$	1 219 406 901 \$	219 025 913 \$	3 010 008 70		01t/nt	108'61
Liabilities and equity					5	6 640'076'6/f	\$ 773'058'00	234,839,184
Current liabilities:								
Accounts payable		S 12,236,547 \$	17.971.274 5	10,538,387 \$	8,330,536	6.770.616 S	2 427 827 \$	132751 8
Accruct expenses	9,585,671	8.825.795	13.467,811	7,554,115	6,423,726	8.727.562		0.214.450
Current portion of runance lease obligations	339.161	620.267	159,568	239,021	148,010	363.338	24,969	281.066
	21,120,528	21,682,609	31,598,653	18,331,523	14,902,272	15,861,516	4,991,779	15.133,087
Other liabilities	3,073,454	3,372.592	5,540,797	2,693,696	2.469.716	3 707 170	157 756	10/ 005 5
Finance lease obligations	1,002,815	2,416,506	287,731	1,499,446	227,491	1.257.986	786.05	000 There
Rught-of-use operating lease obligations	588,196	690.347	1,672,852	88,000	1167	382.336	274 467	1779 I 90 Z
Notes payable to an HCA Holdings, Inc. affiliate	I	ı	1	J	1	I		
Equity (deficit)	271,938,138	490,224,106	1,180,306,868	196,413,248	7,283,530	558,722,832	54.755.741	0F7 CXC 41C
Noncontrolling Interests	T		-	•	I	1	-	
			1 180,306,868	196,413,248	7,283,530	558,722,832	54.755.741	- USC 71C
1 Olai Jabilines and cruny (delicit)	297 723 131	5 518,386,160 .5	1.219.406.901 5	2 19 025 412 5	3 UCO UDA PC	5 0 0 C 0 C	+ +++++++++++++++++++++++++++++++++++++	

Combining Balance Sheet (continued)

	Fort Walton Beach Medical	Galen of Florida, Inc. d/b/a S. Passeshing	Limited Partnership	Kendall	Largo	Lawnwood	Marion Community Rospital, Inc.	Memorial
	Center, Inc.	ou. retersburg General Huspital	anna JFK Medical Center	Healthcare Groun, Ltd.	Medical Center, Inc.	Medical Center Tre	d/b/a Ocata Regional Medical Center	Hospital
Assets Current assets								of the second se
	\$ 45,837	17 5 1.207 5	79,554 \$	\$ 50,673 \$	2.566 \$		÷ 112 51	
Accounts receivable	32.709.171	9,240.683	69,529,482	73,354,682		AEU 305 U3		r :
Liventories	8,854,855	3.002.191	19,694,603	14 191 774	905 056 11		1//.761.47	62,699,455
Prepaid expenses and other current assets	0.348.510	0 447.485	679 640			051,400,51	15,327,946	14.973,534
Estimated receivable/(payable) under				/00'4/0	1.070,602	119.664	1,705,234	2.572,176
third-party reimbursement programs	638,052	2 186,285	2,497,093	209.102	1 652 076	C1 C ULL > 1	1 202 222	
	43.596,425	5 12,877,851	92,480,281	88.889.888	49 318 643	210/0/01	4,060,007	241,515
Property and equipment, at cost:						AZ 1'2 / 1'2 /	285,062,06	K0.486.680
Land	8,788,515	5 1,509,394	13.403,491	9.140.949	19 657 770	111992		
Buildings	99.735,340	0 51,332,348	272.689.394	189,843,292	90 KO1 557		001/7/5/1	33.887,087
Equipment	121,830,714	4 68,587,084	324,154,370	ULF 852 (D)	001 V02 121		686,402,061	196,176,618
Construction in progress	7,518,993	3 156.058	7.559 156	245 028 01	0/1'/00/to1	(SX/200/21	256,001,522	262,338,604
	237,873,562	2 121.584.884	617 806 411	1111/2 /004	Converter	C/ 4/778'4	4,969,926	3,742,157
Accumulated deprectation	(141,504,016)		(348 232 296)	1007 007 1114	791'061'927	221.328.481	473,798,003	496,144,466
	YES UVE YO			(a/a/2017)	(HCD DOD HCT)	(128,740,794)	(189,092,574)	(298,520,048)
			C11,412,K02	215,620,405	123,516,128	92,587,687	284,705,429	197,624,418
	-		92.751.044	5,204,924	12,546,865	11.583.321	7 047 KT	
Due inverteur an ACA monange, inc. anniale	322,516,728	112	(51,519,590)	659,220,000	441,418,402	288,681,501	203 330 509	TTL 900 050
Autor and operating tense assets	3,008,827		8,196,703	16,627,625	862,798	1.295.838	327 EVC 1	363.019.11
	473,059		86,405	686'26	58,169	1	EU7 605	
1 001 358018	\$ 465.964.585	5 158.622.136 \$	411.268.958 \$	985,660,831 \$	627,724,005 \$	469 323 537 \$	03 120 021 205	1026,601
Liabilities and equity Current Nabilities:							e 110/1010/0	150,000,000,1
Accounts payable	\$ 10.838,608	\$ 4,734,821 \$	26.170.699 5	3 19783691	14 CT3 CT3 C			
Accrued expenses	9,498,906	3.140.185	73 601 650			C 957,11,21	\$ 126710.57	15,145,945
Current portion of Finance lease obligations	1.007.475			771,700,61	721,538,9	14,016,939	18,359,851	20.760.362
	686 FFE 1c	ľ	C1 0/C 10	t+1.214	696.966	1,039.894	270,760	1,000,865
			20,000,10	961,342,85	29,005,669	27,171,131	41,642,548	36.907.172
Uther habilities	3,571,548		7,745,734	11,260,817	5,681,477	4.684.927	212 2003	100 100 J
	266,018		1,550,192	1,040,129	52,230	243.079	CLS 280	#C/,100.0
Rught-or-use operaturg lease obligations Notes payable to an HCA Holdings, Inc. affiliate	2.596,245	141.967	5,162,521	14,405,024	438,813	735,132	438,576	10,122,306
			I	t	1	ı	ı	,
Equity (delifet) Noncontrolling interesis	438,185,785 	148,268,936 -	345,804,759 	920,706,705	592,545,816	436,489,268	544,745,213	1,174,984,784
	438,185,785	148,268,936	345 804 759	207 707 000	200 C12 D17		1	1
Total liabilities and equity (deficit)	5 465.964.585	54	3 030 02C 11P	CD1'01'1'17/	019,040,250	436,489,268	544,745,213	1,174,984,784
			4' BCC'007' 11	360,000,83J	627,724,005 \$	469 323 537 \$	593 130 071 C	ALC LOUGEL

Combining Balance Sheet (continued)

	Miami Buach Healthcare Group, LAt, d'bha Aventura Hospital and Medical Center	New Port Richey Hospital, Inc. 4/b/a Medical Center of Trinity	North Florida Regional Medical Center Jnc.	Northside Hosnital	Northwest Medical Center, Twe	Notami Hospitals of Florida, Inc. dD/a Lake City Matient Content	Oak Hill	Okaloosa Hospital, Inc. d/b/a Twin
Assets Current second							nospitat	Cities Ruspital
Cash	S 614,073	3.320 5	3 FUL 167	5 GCB				
Accounts receivable	50.387.717	28.0			4 CPC-4	S 6581	11.145 \$	4,260
Provide rise		•	+/ c'n/0'n/	070 515 / 1	29,842,878	14,940,237	26,851,443	6,077,359
Device it according to the second sec	167,167,51	ń	20,349,180	6,933,527	7,002,185	3,407,530	5,491,813	2 161 31 C
Estimated receivable/(payable) under	2,098,860	868,518	2,789,108	982,519	256,165	232,581	2,767,061	346,033
third-party reimbursement programs	328,070	1,946,000	230,435	1,862,427	161 280	(003)	5741 F 223	
Property and commend of each	67,210,010	36.421.385	100,104,491	27,294,422	37.267,093	#6T'623'11	34,357,336	8.689.547
Land	11.961.102	45,153,907	007 6FG 56	000 001 0				
Buildings	252 426 732	178 101 750		600'00+'C	X,086,739	3,546.326	8,922,478	1.137.678
Equipment	1397 138			067,104,890	88,060,279	27,488,369	R6,523,548	21,040,409
Construction in progress	926 811 1	-	167.771.417	92.726.591	137,600,261	58,850,234	167.182,745	37,245,510
2			#0#,177,10	0+X11(X+0	2,105,547	402.716	7,268,852	24,163
Accumulated denreciation	845,028,204 0023 130 0573	105,989,085	468,009,922	168,203,330	235,852,826	90.287.645	269,897,623	59,447,760
	(976'166'n67)	(076797.471)	(222,746,586)	(115.814,070)	(111,804,490)	(50,968,732)	(149.804.896)	135 512 4041
	231,944,820	256,221,531	245,263,336	52,3K9,260	124,048,336	516,815,95	120.092.727	23.935,356
Goodwill	111,201	9,807,429	25,187,114	,	11.179 444	EUC 175 P	100 200 2	
Due from/(to) an HCA Holdings, Inc. affiliate	232,582,652	(231,964,713)	390,737,964	40.591.774	76 451 412		146'070'0	2.028,820,2
Right-of-use operating lease assets	1,281,087	737,654	3,186,521	639,593	12.957.818	2001100101	C/7'n+n'K&C	715.055.05
Other assets		'	860,587	18,671	829.275	13 CL (155)	1 2	96+7.50
l'otal assets	533.420,686	S 71,223,286 S	759.726.523 S	120,933,720 \$	262,733,378 \$	91 410 700 6	4 004 400 400 400 400 400 400 400 400 4	1
Liabilities and equity							¢ (10/11/00)	197,1+1,251
Current liabilities:								
Accounts payable	\$ 16,513,934	S 11.487,987 \$	25,572,503 \$	8,229,206 \$	2,717,163	3 791345 8	15 720 607 6	001.007.0
Accrued expenses	13.957,787	8,606,077	17.172,169	6.526,220			# 700'002'01	091'620'7 2002 000 0
Current portion of Finance lease obligations	378,738	509.552	237,005	47,762	59,853	43.717	SOLUTION CAF	000,101,2
	30,850,459	20,603,616	42,981,677	14,803,188	18,181,097	8.729.193	24 848 87C	104'07
Other liabilities	4,460,071	3,250,363	6301521	CIT 306 C	007 668 6			1107050
Finance lease obligations	1.113 142	F07 700	OUS ALE		107.070.4	1,437,674	3.669,531	699,743
Right-of-use operating lease obligations	680 293	391 561	200'0000 201 000 0	106'//	114,945	63,060	1,193,141	40,655
Notes payable to an HCA Holdings, Inc. affiliate	1	-	171,225,2	8/1785	11,156,154	328,863	,	313,614
		I	I	I	ı	1	1,500,000	1
Liquity (desicit) Noncontrolling interest	496,316,721	46,176,346	697,021,732	103,173,691	230,457,752	80,674,447	529,706,141	125.655.012
	1	1	10.770.867	•	1	177,472	ſ	
Total help distance and accurate 24-6-11	12/,016,012		707,792,599	103,173,691	230,457,752	80,851,919	529.706.141	115 645 011
funition) further over sections into a	Ø 033.420.686	5 71,223,286 5	759.726.523 \$	120,933,720 \$	262 733 378 \$	91,410,709 \$	560.917.679 E	
								10/141701

Combining Balance Sheet (continued)

	Okeechobee Hospital, Inc. Whia Raulerson	Orange Park Medical	Osceola Regional	Oviedo Medical	Palms West Hospital Limited	Plantation General Roenital Limited	Poinciana Masiérat	Putnam Community Medical Center
	Hospital	Center, Inc.	Hospital, Inc.	Center, LLC	Partnership	Partnership	Center, Inc.	Florida, LLC
Current assets:								
Cash	S 13.255	5 126.212 5	5 619 9	\$ 26016	2 111 1	e 010 ng		
Accounts receivable	8,096,382	46,228,442				A Directory	ия :	
Inventories	2.097.342	8E7.016.7	11.184.459	1441144	101,000,01	877.987.40 317 June 14	7,266,340	7,996,803
Prepaid expenses and other current assets	1.284 376	1 606 579	210 100 1			610,000,21	2,107,003	1.881,133
Estimated receivable/(payable) under			[]],,1%6,1	ccalinte	260,761	1,190,617	351,405	64,200
third-party reimbursement programs	1	7,861,878	998,537	117,252	852,588	(FC0 200 E)	9005-2	0000 BF 87
	11,491,355	63 742 849	66,546,667	17,283,685	30,610,826	64.664.881	XPC 182.6	(076-04-0)
Property and equipment, at cost:							0L7'TC/'	V473,10U
Land	1.090,600	13,721,323	12,149,046	\$,701,524	7,742,760	R0 523 314	266 X CE X	1 1 1 6 000
Buildings	12.320,305	126,289,227	92.597,201	53,266,946	49,161,801	159 653 769	01/07/04 101/07/04	000,612,1
Equipment	39,440,342	173,348,314	192,036,189	80,005,902	104.085 521	100 501		564,160.7
Construction in progress	310.645	40,581,132	4,776,408	2,463	1.309.520	061 E00 91	760'/97'IN	066,677,68
	53,161,892	353,939,996	301,558,844	141,976,835	162.299.602	440 177 620	102 102 101	8.218.367
Accumulated depreciation	(36.599.274)	(160,483,025)	(157,894,624)	(42,673,105)	(105.768.963)	(207.875.720)	100,001,001	018 506 06
	16,562,618	193,456,971	143,664,220	967,608,99	56,530,639	242.351.900	65 554 984	(286,105./1)
Goodwill	140 105 5							970'766'66
Due from/trot an HCA Moldiness Inc. affiliate	196'166'5 255 FOD 355	247'/00'+	2, K74, 927	ı	,	11,840,161	1	'
Pinhier Anoration I have accede	114,401,022	CN/C/77/18	365,279,644	(114,358,337)	330,854,657	12,920,707	(29,021,453)	(15.410.410)
Augur-or-use operating rease assers	299,805	1,394,767	8,510,244	ı	1,848,676	1,070,990	5,638,202	CON TON
	5,046	134.905	57,126	56,715	718,678	I	315	
SidSse Ino I	S 258.726.282 S	349.866.720 S	586.932,828 \$	2.285,793 \$	420,563,476 \$	332,848,639 \$	3 707 206 15	OF LOA 44A
Liabilities and equity								0++-02-07
Current liabilities								
	2.044,691 \$		14,549,405 S	4,636,442 5	6,412,691 \$	20.428.941 \$	2,541,628 \$	3 074 260
	3.076.398	13,165,544	17,482,483	2,958,639	7,956,262	17,617,468	3,325,869	3 140 676
	10, 04	676.080	208,997	1	302,741	553.943	17,020	
	5,161,840	29,586,310	32,240,885	7,595,081	14,671,694	38,600,352	5,884,517	6.214.886
Other fiabilities	911,268	4,412,745	5,460,244	686'866	2,463,033	0.538 177	APL FOUL	
l'induce lease obligations	82,182	1.597.074	423,930	14,589	1,017,956	1.223.954	051.96	47 V.0/ A
Kught-ol-use operating lease obligations	IR1,094	1.033,571	6,655,759	ı	1,165,784	640,678	5.342.014	- UOU 3/01.
troces payable to an erc w moldings, inc. attitude	1	ı	I	ı	,	1	r	
Equity (deficit)	2,52,389,898	313,237,020	542,152,010	(0,322,866)	401,245,009	282 845 532	950 LX5 NZ	
Noncontrolling interests	I	ſ	1	1				040'100'07
	_ I	313,237,020	542,152,010	(6,322,866)	401 245 009	282,845,532	39 481 048	20.610 Ma
I olal habilities and equity (deficit)	\$ 258,726,282 \$	349,866,720 \$	586,932,828 \$	2,285,793 \$	420.563.476 \$	3 UEY APA CEE		n+n*100/n2
							\$ 975,506,10	28,190,440

Combining Balance Sheet (continued)

	Regional Medical Center Bavonet Peint	Saint Lucie Medical Center	Sarasota Doctors Hossited Tree	Services, LLC d/b/a Highlands Regional	Hospital, Inc. d/b/a South	t auguassee medical Center, Inc. 4/b/a Capital Regional
Assets			Trajunation The	Weaters Lenter	Bay Hospital	Medical Center
Current assets:						
Cash	5 1		3 525.1	9 70C I	- 000 I	
Accounts receivable	41.050.598	29.442 282			1,200 \$	2,850
Inventories	11 666 769			/,404,712	10,372,546	32,519,605
Prenaid expenses and other currant sector	007,000,11	167'069'7	7.210.741	2,220,013	2,145,230	6.587.275
Figure express and outer current assets Felimeted receively/feavobled meder	118,372	398,917	773,672	232,761	225,863	1,260,337
			•			
and a party teamonisement programs	215,330	(375.908)	(12,650)	(119,078)	35,188	539.942
Promety and sominment at see.	53,371,068	37,161,082	27 169 320	9,790,194	12,780,027	40,910,009
f and						
	8,006,466	4,467,561	10, X33, 924	400,000	13,091,158	248 TOF E1
Ettalangs	70.239.389	45,499,428	71,735,700	7,979,826	34,034,678	574 YES 68
Equipment	117,130,414	102 435 905	73,517,857	19 021 717	50 905 907	107000000 104000
Construction in progress	880.299	934.001	3.545.759	LUB LEF	616 385	14/100'ne1
	196,256,568	153.336.895	UPC EEV 051	030 080 26	217,000	114.545,5
Accumulated depreciation	(125 920 201)	(113 199 Add		065,698,72	98,616,955	23K,593,279
	The sec of	(101 201 01	(715'065'97)	(10,048,591)	(54,997,085)	(130,540,408)
		40,157,451	81,036,928	17,840,759	43,619,870	108,052,871
Goodwill	9,566,239	7,749,900	18,886,395	KE1 (25)		
Due from/(to) an HCA Holdings. Inc. affitiate	658,006,531	571,986,860	98.775.343	1055 FIE 661	-	85°,VV,P,84
Right-of-use operating lease assets	483,708	4,500,197	120 P6L	DEL PEL I	(070'nc1'01)	617.967.7 67
Other assets	T	900			+55'/51	4,714,230
Total assets	3 EIN EYE 102 3	1 012 223 122	8/01/17/2	113.610	7,010	95.296
	5 TTV -00-4/2	C 060'000'100	229.470.297 \$	X56,872 S	38 407,715 S	420,068,509
Liabilities and equity						
Current liabilities:						
Accounts payable	\$ 19,262,975 \$	6,485,456 \$	\$ 2165.315	3 8FL LEL L	9 0C/ 120 P	
Accried expenses	9.677,069	10.225.414	6 165 507	262 662 6		N, NU8, /KU
Current portion of Finance lease obligations	327,117	69,708	9FU SEL	670'C/P	C07'609'7	10,062,334
	29,267,161	16,780,578	12.265.868	CTE UCK 9	7/0/76	118.726
Other liabilities	200 0000 0					676,007,41
Finance lease obligations	CVC'DKV'S	2,482,918	I,874,25K	844.114	1,044,822	3,264,985
	1,166,240	133.870	1.169,784	1,659,246	84,259	01 100
Might-of-use operating lease obligations	342,192	2,514,857	1,147,549	1,425,539	109,225	107.377.5
scous payaone to an HCA Holdings, Inc. allilitate	I	•	I	1		
Equity (deficit)	757,097,935	639,624,167	213,012,838	(9,892,369)	30 261 652	923 121 COT
Noncontrolling interests	1	1	-	· 1	1	
	757,097,935	639,624,167	213.012,838	(9,892,369)	30.261.652	823 FLL 401
f old (Dabilities and county(deficit)	4 C10 C71 101 3	1 000 202 222				010-111-1-10

.

Combining Balance Sheet (continued)

		University	West Florida - MHT, LLC d/b/a Memorial Hospital	West Florida - PPH, LLC (Jb/a Palms of	West Florida Regional Medical Center Inc. d/b/a		Cambined
Å receive		Hospital, Ltd.	of Tampa	Pasadena Hospital	West Florida Hospital	Eliminations	Total
Current assets:							
Cash	ŝ	1.472	5 1.869 5	677	9 (C) 8 () 3	•	
Accounts receivable		10,120,622	17,243,603	8.666.494	5 07	~	1.050,028
Inventories		3,919,653	4.568.188	962 245 6	3L3 CL2 L		114,106,020
Prepaid expenses and other current assets		193,370	1.343.876	124 091	C10'7CC'1		331,506,496
Estimated receivable/(payable) under					104'00/'T		40,701,874
third-party roimbursement programs		189,292	2,282,760	82,502	504.734		15 101 35
Property and comment at cost		14,424,409	25,440,296	11,657,270	50,263,934		1,723,128,170
Land		2 PO 120 E	000 000 000				
Buildinge			000,055,42	12,840,000	10,426,240		518,521,144
samma		153,306,637	41.081.517	15,288,110	112,060,493		3.744,808,853
Equipment		58,086,204	81,321,658	41, K30, 524	157,411,655		5,187,223,204
Construction in progress	ł	8,507,255	18,821,338	162,628	5,167,570		269.112.377
		102,961,142	170,554,513	70,121,262	285,065,958		X75 200 617.6
Accumulated depreciation		(64,918,091)	(64.368.854)	(31,322,140)	(180,367,901)		(5.045.918.576)
		38,043,051	106,185,659	38,799,122	104,698,057		4,673,747,002
Geodwill		'	41,584,550	13,679,570	25,353,451		432 201 382
Duc Irom/(to) an HCA Holdings, Inc. affiliate		281,478,809	(1+6,282,341)	(63,184,786)	267,317,088		X 677 815 083
Right-of-use operating lease assets		401,850	167,728	2,176,696	5,368,595		110 987 789 011
Other assets		758,718	-	150,000	I	443.857	CUB COL L
Tolal assets	\$	335.106.837 3	27,095,892 \$	3.277,872 \$	453.001.125 \$	443,857 \$	15,620,671,674
Liabilities and equity							
Current liabilities:							
Accounts payable	64	3,962,617 \$		4,113,646 \$	12,822,722 \$	5	298 625 644
Accrued expenses		5,739,478	4,644,646	3,764,183	13,436,444		NUX 615 LGE
Current portion of Finance lease obligations		396.278	503.957	322,210	209,800		14,518,362
		10,098,373	11,055,317	8,200,039	26,468,966		K50,618,033
Other liabilities		2,031,613	1,815,007	1.135.092	4.047.650		644 660 E44
Finance lease obligations		926,008	1366.081	965,815	215.667		644/67/744
Right-of-use operating lease obligations		239.988	1,051	1,757,839	4,036,459		85.895.215
Notes payable to an HCA Holdings, Inc. affiliate		I	,	I	1		1,500,000
Equity		321,810,855	12,858,456	(8,780,913)	418,232,383	443,857	14,498,012.521
			1	1	-		10,948,339
	1	321,810,855	12.858,436	(8,780,913)	418,232,383	443,857	14,508,960,860
Attribe but set unrout the t	4	335,106,837 S	27,095,892 \$	3,277,X72 S	453.001,125 S	443.857 S	15 620 671 674

_
Florida
Q
of Fl
of
te
lta
(A)
the S
Ц.
Is
ita
Sp
Ho
<u>н</u>
Inc. Hospitals
Γ
S
dings,
Ħ
HCA Ho
Ð
jЦ

Combining Income Statement

December 31, 2020

	Bay d/b/a Gi Mi	Bay Hospital, Inc. d/b/a Gulf Coast Regional Medical Center	Blake Medical Contor	Brandon Regional Hospitel	Central Florida Regional
				TIOPDIAL	TTOSPILAC, AUC.
Revenues	\$	257,958,023 \$	253,011,926 \$	453,614,921 \$	191,983,394
Salaries and benefits		83,419,263	102,056,273	150,107,371	017 777 01
Supplies		39,396,709	52,007,408	60,572,258	31 639 451
Other operating expenses		59,986,856	71,655,976	95,520,126	50.680.319
Depreciation		12,530,400	9,939,644	21,416,831	7,289,510
Interest expense		48,959	25,391	29,657	15.636
Management fees		8,419,361	8,247,207	14,769,357	6.273.881
		203,801,548	243,931,899	342,415,600	166,676,576
Income (loss) before nonoperating gains (losses) and income taxes		54,156,475	9,080,027	111,199,321	25,306,818
Nonoperating gains (losses)		6,394,468	21,061,989	51,476,181	6.296.664
Income (loss) before income taxes		60,550,943	30,142,016	162,675,502	31,603,482
Provision for income taxes (benefit)		19,741,441	7,027,483	37,493,107	7.366.307
Net income (loss)		40,809,502	23,114,533	125,182,395	24,237,175
Net income attributable to noncontrolling interests		I	I	i	I
Net income (loss) attributable to HCA Florida Hospitals	\$	40,809,502 \$	23,114,533 \$	125,182,395 \$	24.237.175

Combining Income Statement (continued)

			Columbia Hospital Corporation of		
		Citrus Memorial Hospital, Inc.	South Broward d/b/a Westside Regional Medical Center	Englewood Community Hospital, Inc.	Fawcett Memorial Hospital, Inc.
Revenues	69	180,024,548 \$	\$ 239,021,718 \$	59,847,525	\$ 163,691,261
Salaries and benefits		68,195,070	74,404,934	24.613.234	66, 878, 180
Supplies		34,814,771	40,686,237	8,802,288	30 334 011
Other operating expenses		43,925,247	53,774,562	16,016,687	42 577 371
Depreciation		10,181,676	12,801,234	2,287,526	9.391 256
Interest expense		6,285,857	118,777	5.325	17 463
Management tees	i	5,909,096	7,722,996	1,931,028	5 494 189
		169,311,717	189,508,740	53,656,088	154.692.779
income (loss) before nonoperating gains (losses) and income taxes		10,712,831	49,512,978	6,191,437	8,998,482
Nonoperating gains (losses)		94,827	21,362,812	946.225	6.422.368
income (loss) before income taxes		10,807,658	70,875,790	7,137,662	15,420,850
Provision for income taxes (benefit)		2,459,701	16,446,303	1,696,676	3.613431
Net income (loss)		8,347,957	54,429,487	5,440,986	11,807,419
Net income attributable to noncontrolling interests		1	ł	I	I
Net income (loss) attributable to HCA Florida Hospitals	ŝ	8,347,957 \$	\$ 54,429,487 \$	5,440,986 \$	11,807,419

itals in the State of Florida
nc. Hospital
HCA Holdings, Inc

	Fort Walton Beach Medical Center, Inc.	Galen of Florida, Inc. d/b/a St. Petersburg General Hospital	JFK Medical Center Limited Parntership d/b/a JFK Medical Center	Kendall Healthcare Group, Ltd.
Revenues	\$ 298,226,219	90,504,295 \$	544,420,896 \$	475,937,767
Salaries and benefits	87,582,942	39,050,140	201,327,839	150.178 341
Supplies	47,048,229	11,365,442	101,268,516	75,439,927
Utner operating expenses	62,997,977	24,236,699	136,491,585	115,739,336
Lepreciation	11,043,038	4,170,940	29,711,210	20,686,766
	45,609	6,735	110,850	55,158
Management tees	9,802,077	2,986,706	17,976,375	15.731.883
	218,519,872	81,816,662	486,886,375	377,831,411
incorne (1088) before nonoperating gains (losses) and income taxes	79,706,347	8,687,633	57,534,521	98,106,356
Nonoperating gains (losses)	17,271,100	5,730,419	2,180,317	34,794,119
income (loss) before income taxes	96,977,447	14,418,052	59,714,838	132,900,475
Provision for income taxes (benefit)	22,390,579	3,358,227	13,933,983	30.759.919
Net income (loss)	74,586,868	11,059,825	45,780,855	102,140,556
Net income attributable to noncontrolling interests	I	I	I	ł
Net income (loss) attributable to HCA Florida Hospitals	\$ 74,586,868 \$	11,059,825 \$	45,780,855 \$	102.140.556

of Florida
the State
: Hospitals in t
HCA Holdings, Inc. I

				Marion Community	
	-;	Largo	Lawnwood	Hospital, Inc. d/b/a	Memorial
	CEX	Medical Center, Inc.	Medical Center. Inc.	Ocala Regional Medical Center	Hospital
					VAUNSUIIVIIIC
Revenues	\$	330,207,654 \$	383,140,059	\$ 523,935,819	422,418,659
Salaries and benefits		117,906,236	125,587,281	163,162,383	129 869 060
Supplies		62,599,827	58,866,516	107,673,877	80 300 779
Other operating expenses		79,435,668	79,457,791	118,785,237	100,333,317
Depreciation		12,342,611	10,893,498	25,434,112	23,380,574
Interest expense		16,001	52,911	41,341	117.168
Management fees		10,753,889	12,341,587	17,720,112	13,718,972
		283,054,232	287,199,584	432,817,062	347.719.870
Income (loss) before nonoperating gains (losses) and income taxes		47,153,422	95,940,475	121,118,757	74,698,789
Nonoperating gains (losses)		21,686,298	15,138,519	11,408,220	50.772.133
Income (loss) before income taxes		68,839,720	111,078,994	132,526,977	125,470,922
Provision for income taxes (benefit)		15,978,234	25,708,325	30,776,539	29.016 741
Net income (loss)		52,861,486	85,370,669	101,750,438	96,454,181
Net income attributable to noncontrolling interests		1	I	I	I
Net income (loss) attributable to HCA Florida Hospitals	\$	52,861,486 \$	85,370,669 \$	101,750,438 \$	96,454,181

.

Combining Income Statement (continued)

	Miami Beach Healthcare Group, Ltd. d/b/a Aventura Hospital and Medical Center	New Port Richey Hospital, Inc. d/b/a Medical Center of Trinity	North Florida Regional Medical Center, Inc.	Northside Hospital
Revenues	\$ 342,518,859	\$ 237,830,064 \$	538,013,245 \$	170,122,830
Salaries and benefits	128,747,735	95,526,881	162,591,398	67.504.275
Supplies	49,057,580	33,216,831	100,346,487	32,496,364
Other operating expenses	85,122,694	60,775,940	118,105,619	40,364,738
Deprectation	14,972,332	18,196,571	21,715,326	5,888,810
Interest expense	60,182	13,625,345	201,944	23.278
Management fees	11,243,616	7,889,779	17,427,027	5,522,966
	289,204,139	229,231,347	420,387,801	151,800,431
Income (loss) before nonoperating gains (losses) and income taxes	53,314,720	8,598,717	117,625,444	18,322,399
Nonoperating gains (losses)	11,520,949	329,344	27,776,283	1,864,467
Income (loss) before income taxes	64,835,669	8,928,061	145,401,727	20,186,866
Provision for income taxes (benefit)	15,214,237	2,107,523	32,980,430	4,673,940
Net income (loss)	49,621,432	6,820,538	112,421,297	15,512,926
Net income attributable to noncontrolling interests	I	I	694,722	I
Net income (loss) attributable to HCA Florida Hospitals	\$ 49,621,432 \$	6,820,538 \$	111,726,575 \$	15,512,926

the State of Florida
Hospitals in th
, Inc.
HCA Holdings

٠

Combining Income Statement (continued)

	Northwest	Notami Hospitals of Florida, Inc. d/b/a		Okaloosa Hospital, Inc.
	Medical Center, Inc.	Lake City Medical Center	Oak Hill Hospital	d/b/a Twin Cities Hospital
Revenues	\$ 233,017,659 \$	\$ 129,923,695	282,241,336 \$	60,587,295
Salaries and benefits	76,063,148	192'361'22	103.642.027	19,145,803
Supplies	33,805,352		39,112,150	9.280.887
Other operating expenses	54,857,223	29,054,210	62,452,871	13,812,803
Depreciation	12,672,855	4,230,749	13,064,940	2.868.869
Interest expense	25,357	8,674	186,528	5.862
Management fees	7,572,996	4,099,942	9,280,302	2.013.249
	184,996,931	86,942,965	227,738,818	47,127,473
Income (loss) before nonoperating gains (losses) and income taxes	48,020,728	42,980,730	54,502,518	13,459,822
Nonoperating gains (losses)	2,296,789	800,409	21,237,046	5.154.670
Income (loss) before income taxes	50,317,517	43,781,139	75,739,564	18,614,492
Provision for income taxes (benefit)	11,650,532	10,127,198	17,498,470	4,285,307
Net income (loss)	38,666,985	33,653,941	58,241,094	14,329,185
Net income attributable to noncontrolling interests	I	19,840	ļ	1
Net income (loss) attributable to HCA Florida Hospitals	\$ 38,666,985	\$ 33,634,101 \$	58,241,094 \$	14,329,185

of Florida
State
in the
Hospitals]
Inc.
HCA Holdings,

Revenues s $74,766,723$ s $365,385,463$ s $427,028,505$ s Salaries and benefits $2,8364,823$ $120,763,984$ $142,350,786$ $42,661,223$ $62,641,824$ Supplies $7,803,612$ $8,343,179$ $120,763,984$ $142,350,786$ $62,641,824$ Supplies $7,803,612$ $8,243,179$ $102,150,215$ $62,641,824$ $52,61,824$ $52,61,824$ $102,150,215$ Depreciation $2,577,888$ $16,501,594$ $18,355,185$ $98,243,179$ $102,150,215$ $98,243,179$ $102,150,215$ $98,243,179$ $102,150,215$ Depreciation $11,290,164$ $11,290,167$ $11,290,167$ $11,290,167$ $11,290,167$ Management fees $2,367,718$ $26,771,80$ $8,72,71,180$ $87,271,120$ $87,271,120$ Income (loss) before income taxes $13,573,224$ $5,807,112$ $17,97,436$ $87,271,180$ Nonoperating gains (losses) Income taxes $13,573,224$ $5,807,112$ $17,97,935$ Nonoperatine gains Income taxes			Okeechobee Hospital, Inc. d/b/a Raulerson Hospital	Orange Park Medical Center, Inc.	Osceola Regional Hospital, Inc.	Oviedo Medical Center, LLC
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Revenues	64				88,443,896
7.803.612 48.821.223 6.2,641.824 16,067,395 98,243,179 102,150,215 2,577,688 16,501,594 18,553,185 9,705 89,558 5,500,5167 9,705 89,558 339,751,525 9,705 296,349,705 339,751,525 9,705 11,930,167 14,037,515 9,705 5807,112 14,037,515 9,705 313,753 87,277,180 9,705 31,105,360 74,825,870 105,252,616 9,105,360 74,822,870 105,252,616 9,105,350 74,822,870 105,252,616 9,105,350 7,127,813 80,853,483 9,105,360 74,822,870 105,252,616 9,135 23,967,778 57,521,813 80,853,483 9,135 5 57,521,813 80,853,483	Salaries and benefits		28,364,823	120.763.984	147 350 786	
$\operatorname{If}_{0}(67,395) = 98,243,179 = 102,150,215$ $\frac{16,007,395}{9,705} = 89,558 = 16,501,594 = 18,535,185$ $\frac{2,557,688}{9,705} = 11,930,167 = 14,037,515 = 35,800$ $\frac{2,436,364}{17,527,136} = 11,930,167 = 14,037,515 = 87,277,180$ $\frac{13,578,224}{13,578,224} = 5,807,112 = 17,975,436$ $\frac{13,578,224}{31,105,360} = 74,842,870 = 105,252,616$ $\frac{7,137,582}{23,967,778} = 57,521,813 = 80,853,483$ $\operatorname{orbed}_{11}$	Supplies		7,803,612	48,821,223	62,641,824	11.487.379
	Outer operating expenses		16,067,395	98,243,179	102,150,215	23,773,856
$9,705$ $89,558$ $35,800$ $2,436,364$ $11,930,167$ $14,037,515$ $57,239,587$ $296,349,705$ $339,751,325$ $7,277,136$ $69,035,758$ $87,277,180$ $13,578,224$ $5,807,112$ $17,975,436$ $11,05,360$ $74,842,870$ $105,252,616$ $7,137,582$ $17,321,057$ $24,399,133$ $23,967,778$ $57,521,813$ $80,853,483$ oitals $\overline{5}$ $57,521,813$ $80,853,483$	Ucpreciation		2,557,688	16,501,594	18,535,185	10,200,830
2,436,364 $11,930,167$ $14,037,515$ nd income taxes $2,436,364$ $11,930,167$ $14,037,515$ $7,239,587$ $296,349,705$ $339,751,325$ $339,751,325$ $17,527,136$ $69,035,758$ $87,277,180$ $87,277,180$ $13,578,224$ $5,807,112$ $17,975,436$ $17,975,436$ $17,975,436$ $7,137,582$ $17,321,057$ $24,399,133$ $23,967,778$ $57,521,813$ $80,853,483$ $23,967,778$ $57,521,813$ $80,853,483$ $23,967,778$ $57,521,813$ $80,853,483$ 11 $23,967,778$ $57,521,813$ $80,853,483$ $80,853,483$ $17,321,057$ $24,399,133$ 11 $23,967,778$ $57,521,813$ $80,853,483$ $17,321,057$ $28,399,133$ 11 $12,32,52,118$ $57,521,813$ $80,853,483$ $12,339,433$ 11 $12,32,52,118$ $57,521,813$ $80,853,483$ $17,339,453$ 11 $12,329,522,118$ $57,521,813$ $50,833,483$ $12,339,453$ 12,329,453 12,329,453 </td <td></td> <td></td> <td>9,705</td> <td>89,558</td> <td>35,800</td> <td>6.483.755</td>			9,705	89,558	35,800	6.483.755
57,239,587 $296,349,705$ $339,751,325$ ind income taxes $17,527,136$ $69,035,758$ $87,277,180$ $13,578,224$ $5,807,112$ $17,975,436$ $87,277,180$ $31,105,360$ $74,842,870$ $105,252,616$ $105,252,616$ $7,137,582$ $17,321,057$ $24,399,133$ $23,967,778$ $57,521,813$ $80,853,483$ oitals 5 $57,521,813$ $80,853,483$			2,436,364	11,930,167	14,037,515	2 836 318
nd income taxes 17,527,136 69,035,758 87,277,180 13,578,224 5,807,112 17,975,436 31,105,360 74,842,870 105,252,616 7,137,582 17,321,057 24,399,133 23,967,778 57,521,813 80,853,483 itals <u>\$ 23,967,778 57,521,813 80,853,483</u>	Electronic nealth record incentive income	ľ	57,239,587	296,349,705	339,751,325	83.974.205
13,578,224 5,807,112 17,975,436 31,105,360 74,842,870 105,252,616 7,137,582 17,321,057 24,399,133 23,967,778 57,521,813 80,853,483 _ 23,967,778 57,521,813 80,853,483	income (loss) perore nonoperating gains (losses) and income taxes		17,527,136	69,035,758	87,277,180	4,469,691
31,105,360 74,842,870 105,252,616 7,137,582 17,321,057 24,399,133 23,967,778 57,521,813 80,853,483 - - - \$0,853,483 - - \$0,853,483 - -	Nonoperating gains (losses)		13,578,224	5,807,112	17,975,436	(528.382)
7,137,582 17,321,057 24,399,133 23,967,778 57,521,813 80,853,483 	LICOLLE (1985) DELOTE INCOME TAXES		31,105,360	74,842,870	105,252,616	3,941,309
23,967,778 57,521,813 80,853,483 	Provision for income taxes (benefit)		7,137,582	17,321,057	24,399,133	902 914
	Net income (loss)		23,967,778	57,521,813	80,853,483	3,038,395
\$ 23,967,778 \$ 57,521,813 \$ 80,853,483	Net income attributable to noncontrolling interests		I	1	1	I
	Net income (loss)attributable to HCA Florida Hospitals	с э.]		!	80,853,483 \$	3,038,395

.

: of Florida
the State
ш.
Hospitals
Inc.
Holdings,
HCA

	Palms West Hospital Limited Partnership	Plantation General Hospital Limited Partnership	Poinciana Medical Center, Inc.	Putnam Community Medical Center of North Florida, LLC
Revenues	\$ 182,655,391	91 \$ 411,359,529	\$ 89,010,142	
Salaries and benefits Supplies	67,254,722 26.106.827	-	28,617,569	29,733,599
Other operating expenses	44,444,282	82 109,406,042	8,850,230 20,573,997	10,245,189 23 805 947
Depreciation	6,906,333	25,	5,668,949	3,263,345
uticiest expetise Management face	23,866		2,365,353	1
Managenetii Iccs	6,052,566	56 13,444,241	2,877,749	2,459,877
	150,867,636	36 365,976,241	68,953,847	69,507,957
income (loss) before nonoperating gains (losses) and income taxes	31,787,755	55 45,383,288	20,056,295	6,397,176
Nonoperating gains (losses)	17,111,026	26 (2,178,544)	207,363	216.452
income (loss) before income taxes	48,898,781	43,204,744	20,263,658	6,613,628
Provision for income taxes (benefit)	11,323,634	-	4,655,959	1.546 909
Net income (loss)	37,575,147	.7 43,204,744	15,607,699	5,066,719
Net income attributable to noncontrolling interests		1	I	ţ
Net meane (loss) attributable to HCA Florida Hospitals	\$ 37,575,147	\$ 43,204,744	\$ 15,607,699	\$ 5,066,719

Hospitals in the State of Florida
Inc
HCA Holdings,

	Regional Medical Center Bayonet Point	Saint Lucie Medical Center	Sarasota Doctors Hospital, Inc.	Sebring Health Services, LLC d/b/a Highlands Regional Medical Center
Revenues	\$ 319,471,934	4 \$ 210,461,339 \$	154,626,241	\$ 64,501,802
Salaries and benefits	104,364,410	0 68,505,164	52,717,806	24.581.064
Supplies	61,379,327	7 27,751,279	30,632,142	11,848,224
Unter operating expenses	79,960,319	9 45,935,197	38,418,252	19,714,554
	9,265,155	5 7,390,727	8,533,640	4,127,380
Interest expense	37,985	5 16,786	14,999	98,647
Management tees	10,362,461	6,822,893	5,031,539	2,080,508
	265,369,657	156,422,046	135,348,378	62,450,377
income (loss) before nonoperating gains (losses) and income taxes	54,102,277	54,039,293	19,277,863	2,051,425
Nonoperating gains (losses)	35,303,422	32,263,652	5,673,815	(41.323)
Income (loss) before income taxes	89,405,699	86,302,945	24,951,678	2,010,102
Provision for income taxes (benefit)	20,951,062	19,925,480	5,830,802	475.672
Net income (loss)	68,454,637	66,377,465	19,120,876	I,534,430
Net income attributable to noncontrolling interests		1	I	I
Net income (loss) attributable to HCA Florida Hospitals	\$ 68,454,637	\$ 66,377,465 \$	19,120,876	\$ 1,534,430

	Sun City Hospital, Inc. d/b/a South Bay Hospital		Tallahassee Tallahassee Medical Ccnter, Inc. d/b/a Capital Regional Medical Center	University Hospital, Ltd.	West Florida - MHT, LLC d/b/a Memorial Hospital of Tampa
Revenues	\$ 70	70,185,070 \$	293,627,311 \$	114,164,685 \$	138,262,511
Salaries and benefits	33	33,504,716	84,746,288	53,010,268	53-711 689
Supplies	14	11,391,317	45,664,706	13,003,674	22,878,238
Other operating expenses	19	19,551,155	68,167,880	33,413,370	34,130,136
Depreciation	4	4,924,192	10,454,814	4,232,289	11,372,704
Interest expense	1	1,208,394	41,223	37,875	911.605
Management tees	2	2,325,320	9,274,171	3,699,696	4.539.975
	72	72,905,094	218,349,082	107,397,172	127,544,347
Income (loss) before nonoperating gains (losses) and income taxes	(2	(2,720,024)	75,278,229	6,767,513	10,718,164
Nonoperating gains (losses)		44,481	12,817,186	15,078,543	159.586
Income (loss) before income taxes	(2	(2,675,543)	88,095,415	21,846,056	10,877,750
Provision for income taxes (benefit)		(580,207)	20,322,688	I	2.488.807
Net income (loss)	(2)	(2,095,336)	67,772,727	21,846,056	8,388,943
Net income attributable to noncontrolling interests		L	1	I	I
Net uncome (loss) attributable to HCA Florida Hospitals	\$ (2,	(2,095,336) \$	67,772,727 \$	21,846,056 \$	8,388,943

Combining Income Statement (continued)

1402-1209497

37

tals in the State of Florida
c. Hospital
oldings, Inc
HCA Ho

	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	\$ 76,496,167	\$ 337,189,907	\$ 10,385,741,416
Salaries and benefits	36.580.116	103 706 501	
Supplies	10.089.085	52 268 903	5180,0449,000,0 920,040,072,1
Other operating expenses	22,486,577	71,345,080	001,422,110,1
Depreciation	4,290,992	13,469,755	202(01), 01,2 483 RAE 774
Interest expense	9,027,962	34,617	122022000
Management fees	2,583,704	11,117,149	338.760 806
	85,058,436	251,942,005	8.592.677.017
Income (loss) before nonoperating gains (losses) and income taxes	(8,562,269)	85,247,902	1,793,064,399
Nonoperating gains (losses)	(991,675)	13,154,862	509.667.852
Income (loss) before income taxes	(9,553,944)	98,402,764	2,302,732,251
Provision for income taxes (benefit)	(2,228,107)	22,860,751	523.638.769
Net income (loss)	(7,325,837)	75,542,013	1,779,093,482
Net income attributable to noncontrolling interests	[I	714,562
Net income (loss) attributable to HCA Florida Hospitals	\$ (7,325,837) \$	75,542,013	\$ 1,778,378,920

ATTACHMENT IV

•

State Certified Paramedics Attestation Equipment List



Crystal Ford, Compliance Officer Orange County EMS 2002-A E. Michigan Street Orlando, FL 32806 June 25, 2021

RE: Letter of Attestation

Dear Ms. Ford:

I, David Lane, MD, Chief of Emergency Department at Osceola Regional Medical Center and the Medical Center's Medical Director for the new interfacility patient ambulance transport service, attest that all hired and utilized Paramedics will be certified and authorized to perform Basic and Advance Life Support in the State of Florida.

Sincerely,

David Lane, MD Chief of Emergency Department



Osceola Regional Medical Center: Emergency Medical Services

ALS Medical Equipment & Supplies

ITEM

- □ Bandaging, dressing, and taping supplies:
 - Adhesive, silk, or plastic tape assorted sizes
 - Sterile 4 x 4 inch gauze pads
 - Triangular bandages
 - Roller gauze
 - ABD (minimum 5 x 9 inch) pads
- □ Bandage shears
- □ Patient restraints: wrist and ankle
- □ Blood pressure cuffs: infant, pediatric, and adult
- □ Stethoscopes: pediatric and adult
- □ Blankets
- \Box Sheets
- □ Pillows with waterproof covers and pillow cases or disposable single-use pillows
- □ Disposable blanket or patient rain cover
- □ Long spine board and three straps or equivalent
- □ Short spine board and two straps or equivalent
- □ Adult and pediatric cervical immobilization devices (CID)
- □ Padding for lateral lower spine immobilization of pediatric patients or equivalent
- □ 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
- □ Transparent oxygen masks with tubing: adult, child, and infant sizes
- □ Sets of pediatric and adult nasal cannulae with tubing
- □ Hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child, and infant transparent masks capable of use with supplemental oxygen
- 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
- □ Extremity immobilization devices: pediatric and adult
- □ Lower extremity traction splint: pediatric and adult
- Sterile obstetrical kit to include, at minimum: bulb syringe, sterile scissors or scalpel, and cord clamps or cord ties
- □ Burn sheets
- □ Flashlight with batteries
- □ Occlusive dressings
- Oropharyngeal airways: pediatric and adult
- Installed oxygen with regulator gauge and wrench, minimum "M" size cylinder (minimum 500 PSI) with oxygen flowmeter to include a 151pm setting. Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director
- □ Gloves: suitable to provide barrier protection for biohazards
- □ Face masks: both surgical and respiratory protective
- □ Rigid cervical collars as approved in writing by the medical director and available for review by the department
- □ Nasopharyngeal airways: pediatric and adult
- □ Approved biohazardous waste plastic bag or impervious container per Chapter 64E-16, F.A.C.



- □ Safety goggles or equivalent meeting A.N.S.I.Z87.1 standard
- □ Bulb syringe separate from obstetrical kit
- □ Thermal absorbent reflective blanket
- □ Multitrauma dressings
- □ Pediatric length-based measurement device for equipment selection and drug dosage

MEDICATION

- □ Atropine Sulfate
- □ Dextrose, 50%
- □ Epinephrine HCL, 1:1,000 & 1:10,000
- □ Ventricular dysrhythmic
- Benzodiazepine sedative/anticonvulsant
- □ Naloxone (Narcan)
- □ Nitroglycerin, 0.4 mg.
- □ Inhalant beta adrenergic agent with nebulizer apparatus, as approved by medical director

I.V. SOLUTION

Lactate Ringers or Normal Saline

EQUIPMENT

- □ Laryngoscope handle with batteries
- □ Laryngoscope blades: adult, child, and infant sizes
- Dediatric I.V. arm board or splint appropriate for I.V. stabilization
- □ 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)
- □ Endotracheal tube stylets: adult and pediatric
- □ Magill forceps: adult and pediatric
- □ Device for intratracheal meconium suctioning in newborns
- □ Tourniquets
- □ I.V. cannulae: 14 through 24 gauge
- \Box Micro drip sets
- □ Macro drip sets
- □ I.V. pressure infuser
- □ Needles: 18 through 25 gauge
- □ Intraosseous needles and three way stop cocks
- \Box Syringes: 1 ml. to 20 ml.
- 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)
- □ Monitoring electrodes: adult and pediatric
- □ Pacing electrodes: adult and pediatric
- □ Glucometer
- □ Approved sharps container per Chapter 64E-16, F.A.C
- □ Flexible suction catheters
- □ Electronic waveform capnography capable of real-time monitoring and printing record of the intubated patient

ATTACHMENT IV

Proof of Insurance



Health Care Indemnity, Inc.

Health Care Indemnity, Inc. 1100 Dr. Martin L. King Jr. Blvd., Suite 500 Nashville, TN 37203 Phone: 615/344-5193 Fax: 855/775-0393 Email: corp.insurance@hcahealthcare.com

Certificate of Insurance

DATE: 1/1/2021

COI#: 40

This is to certify to:	OSCEOLA REGIONAL MEDICAL CENTER		
(Name of Certificate Holder)	700 W. OAK STREET		
	KISSIMMEE	FL	34741
that the described insurance of	overages as provided by the indicated policy has bee	n issued	to:
Named Insured:	HCA HEALTHCARE, INC. AND SUBSIDIARY	ORGAN	

Address:

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 PER	RIOD			
	HCI-10121	Eff. 1-1-20	21			
		Exp. 1-1-20	022			
TYPE OF	NSURANCE	LIMI	TS OF LIABILITY			
Comprehensive Gen Occurrence Form • Bodily Injury • Property Dam • Products and Operations • Personal and	age	\$5,000,000 NONE	Each and Every Occurrence Aggregate			
Health Care Professi Occurrence Form	onal Liability -	\$5,000,000	5,000,000 Each and Every Occurrence			
		NONE	Aggregate			

SPECIAL CONDITIONS/OTHER

THE NAMED INSURED INCLUDES

OSCEOLA REGIONAL MEDICAL CENTER

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.

n M.S.

Listele G ized Signatu

COID: 30902

Countersigned Authorized Signature

ATTACHMENT D

FCC Radio License



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
	Service ess Pool, Conventional
Regulato PMF	ory Status XS
Frequency Coor	dination Number

FCC Registration Number (FRN): 0009598160

Grant Date	Effective Date	Expiration Date	Print Date
10-25-2018	10-25-2018	10-25-2028	

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

	nt Frequencies 9. (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	-			AAT	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	МО	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

Cal	l Sigi	n: WRCK597		File Nı	ımber:		,		Print D	ate:		
Ant	enna	IS										
		Frequencies (MHz)		Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters		Construct Deadline Date
2	1	000464.73750000		мо	250		7K60FXE	4.000	4.000	meters	s	10-25-2019
2	1	000467.13750000		МО	250		7K60FXE	4.000	4.000			10-25-2019
2	1	000469.73750000		МО	250		7K60FXE	4.000	4.000			10-25-2019
3	1	000456.96250000		мо	250		7K60FXE	4.000	4.000			10 - 25-2019
3	1	000466.76250000		мо	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		мо	250		7K60FXE	4.000	4.000			10-25-2019
3	ł	000468.86250000		МО	250	. \	7K60FXE	4.000	4.000			10-25-2019
						<u> </u>		· · · · · · · · ·				
		Points Pt. No. 1				1						
		: 700 W Oak Street	Tower A. 1st F	loor	<i>,</i> ·							
				State:	FL T	elephon	e Number: ((407)518-	3617			
Ass	ociat	ted Call Signs				1947 - S		<u></u>		• •		
								/				
		Conditioner					*	e e e e e e e e e e e e e e e e e e e	······································			
	ivers NE	Conditions:						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
								-	1			
										1		
										N.,		

.

Good Morning- Yes, approved to change the request to: Osceola Regional Hospital, Inc. d/b/a Osceola Regional Medical Center

Thank you, Keri Pintozzi P 407.518.3520 | M 407.433.9219

From: Christian.Zuver@ocfl.net <Christian.Zuver@ocfl.net>
Sent: Friday, August 27, 2021 9:37 AM
To: Pintozzi Keri <Keri.Pintozzi@hcahealthcare.com>
Cc: Crystal.Beatty@ocfl.net
Subject: {EXTERNAL} COPCN Application

CAUTION! This email originated from outside of our organization. **DO NOT CLICK** links or open attachments unless you recognize the sender and know the content is safe.

Ms. Pintozzi

Good Morning. I am completing the review of Osceola Regional Medical Center Inter-facility Transport's application for a COPCN to provide BLS and ALS Interfacility Transport. Before we can process the application any further, I need clarification on the name the COPCN may be issued to. In communications after the application was received, it was requested that the COPCN be issued to Osceola Regional Medical Center. According to the Florida Department of State, this is a fictitious name registered to Osceola Regional Hospital, Inc. Thus, a COPCN could be issued to Osceola Regional Hospital, Inc. d/b/a Osceola Regional Medical Center. If this is satisfactory, please email me a response changing the request to:

Osceola Regional Hospital, Inc. d/b/a Osceola Regional Medical Center

Thank you,



Christian C. Zuver MD, FACEP Medical Director Orange County EMS System 2002-A East Michigan Street Orlando, Florida 32806 P(407) 836-7606 | F(407) 836-7625 '[®] christian.zuver@ocfl.net
PLEASE NOTE: Florida has a very broad public records law (F. S. 119). All e-mails to and from County Officials are kept as a public record. Your e-mail communications, including your e-mail address may be disclosed to the public and media at any time.

Zuver, Christian C

From:	Beatty, Crystal
Sent:	Tuesday, July 13, 2021 1:32 PM
То:	Zuver, Christian C
Subject:	FW: Osceola Regional COPCN

See her answer regarding the vehicles.

From: Pintozzi Keri <Keri.Pintozzi@hcahealthcare.com>
Sent: Tuesday, July 13, 2021 1:31 PM
To: Beatty, Crystal <Crystal.Beatty@ocfl.net>
Subject: Re:Osceola Regional COPCN

Sure. We haven't purchased any vehicles yet, as we are waiting for the approval of the COPCNs first. Osceola County already approved our COPCN. Seminole County has it on their BoCC meeting 8/10. The vehicles we plan on buying will be Type III Ambulances. We will be purchasing 2 Type III for any volume increases or if one of the ambulances break down. We will be staffed 24/7 for both vehicles.

Keri Pintozzi

P 407.518.3520 | M 407.433.9219

From: Crystal.Beatty@ocfl.net <Crystal.Beatty@ocfl.net> Sent: Tuesday, July 13, 2021 1:25 PM To: Pintozzi Keri <Keri.Pintozzi@hcahealthcare.com> Cc: Crystal.Beatty@ocfl.net Subject: {EXTERNAL} RE: Osceola Regional COPCN

CAUTION! This email originated from outside of our organization. **DO NOT CLICK** links or open attachments unless you recognize the sender and know the content is safe.

Also, can you supply the following:

"A description of each vehicle to be used in the applicant's operations, including the make, model, mileage, all vehicle identification and registration numbers." In the application you only said "purchase of 2 Wheeled Coach Citymedic Type III ambulances".

Crystal

From: Beatty, Crystal
Sent: Tuesday, July 13, 2021 1:22 PM
To: 'Pintozzi Keri' <<u>Keri.Pintozzi@hcahealthcare.com</u>>
Cc: Beatty, Crystal <<u>Crystal.Beatty@ocfl.net</u>>
Subject: RE: Osceola Regional COPCN

Keri,

What name should go on the COPCN (if approved) as there are several in the application.

HCA Osceola Regional Medical Center Osceola Regional Medical Center Inter-facility Transportation

Thanks

From: Beatty, Crystal Sent: Tuesday, July 13, 2021 10:27 AM To: 'Pintozzi Keri' <<u>Keri.Pintozzi@hcahealthcare.com</u>> Subject: RE: Osceola Regional COPCN

Your application was submitted to my Medical Director, he and the County Attorney are reviewing it.

From: Pintozzi Keri <<u>Keri.Pintozzi@hcahealthcare.com</u>> Sent: Tuesday, July 13, 2021 10:22 AM To: Beatty, Crystal <<u>Crystal.Beatty@ocfl.net</u>> Subject: Re:Osceola Regional COPCN

Good Morning Crystal- Hope all is well. Any updates on Osceola's COPCN? I remember you mentioning that there is a process of posting in Orlando Sentinel, Medical Director review and then on the Board of County Commissioners agenda. Just wondering where it is in the process.

Thank you, Keri Pintozzi P 407.518.3520 | M 407.433.9219

> From: Crystal.Beatty@ocfl.net <Crystal.Beatty@ocfl.net> Sent: Wednesday, June 30, 2021 12:51 PM To: Pintozzi Keri <<u>Keri.Pintozzi@hcahealthcare.com</u>> Subject: {EXTERNAL} RE: Millenia ER

CAUTION! This email originated from outside of our organization. **DO NOT CLICK** links or open attachments unless you recognize the sender and know the content is safe.

Hello Keri,

Just emailing you to let you know I received your COPCN application today. 🐵

Crystal

PLEASE NOTE: Florida has a very broad public records law (F. S. 119). All e-mails to and from County Officials are kept as a public record. Your e-mail communications, including your e-mail address may be disclosed to the public and media at any time.



October 11, 2021

RE: Application for Orange County COPCN

Dear Dr. Christian Zuver:

Osceola Regional Medical Center purchased two ambulances for Interfacility transport services. Descriptions of each ambulance below:

2019 Ford E350 Type III Medix VIN 1FDWE3FS2KDC42575

2019 Ford E350 Type III Medix VIN 1FDWE3FS2KDC43144

Both vehicles are en route from manufacturer in Pennsylvania and will be registered locally once at the facility.

Thank you,

GL

Jason Cunningham Chief Operating Officer

100 North Tampa Street Suite 3700 Tampa, Florida 33602



Telephone: 813-229-3500 Facsimile: 813-229-3502 www.mpdlegal.com

September 30, 2021

Via FedEx and Electronic Mail

Dr. Christian C. Zuver Christian.Zuver@ocfl.net Emergency Medical Services Office 2002-A East Michigan Street Orlando, Florida 32806

Re: Objection to Application of Osceola Regional Hospital, Inc. for COPCN MPD File No. 120316

Dear Dr. Zuver,

Our firm represents Lifefleet Southeast, Inc., d/b/a American Medical Response ("AMR") as an existing holder of a Certificate of Public Convenience and Necessity ("COPCN") to operate Advanced Life Support ("ALS") and Basic Life Support ("BLS") interfacility services in Orange County. Pursuant to Section 20-92(b)(2) of the Orange County Code of Ordinances, AMR hereby files this objection (the "Objection") to the Application of Osceola Regional Hospital, Inc. (the "Applicant") for a COPCN to operate ALS/BLS interfacility service within Orange County. This Objection is timely under Section 20-92(b)(2) because it has been served within 30 days of the County's notice of the Application.

Applicable Standards and Grounds for Objection

In reviewing an application for a COPCN, Section 20-92(b)(1) of the Code requires the Emergency Medical Services Office (the "EMSO") to "investigate the public need for the proposed service". Further, in reviewing the EMSO's recommendation on the application, Section 20-93(b) of the Code requires "the board of county commissioners shall determine that the proposed service, to the extent to be authorized by the certificate, is or will be required by the present or future public convenience or necessity..."

Here, the Applicant has failed to demonstrate that granting it a COPCN will be in the public convenience and necessity. Section 20-92(a)(6) of the County Code requires verification of staffing requirements and "certification of personnel to be employed." The Application completely fails to adequately describe how its transport or operations will be staffed. Rather, on p. 2, the Application merely states "Start-up operations- hiring process has not begun." A

Dr. Christian C. Zuver September 30, 2021 Page 2 of 3

complete lack of staff description is problematic not only because it does not comply with the County Code, but, as you are aware from the application filed concurrently by First 2 Aid EMS, there is a lack of qualified EMS and paramedics in Orange County and throughout Florida. The question must be asked: where is the Applicant here (along with First 2 Aid) going to find employees? The answer is that they will have to attempt to raid existing providers. Such activity will not advance the public convenience and necessity and the net result (if they are successful in poaching employees) would simply be a reshuffling of employees with no capacity added to service or benefit to the County. Further demonstrating the Applicant's lack of experience in the transportation industry, is the fact that it does not have any ambulances and must purchase them as set forth on p. 2 of the Application. Again, this is a "start up" (in the Applicant's owner words) operation and the Applicant is an existing hospital that is seeking a COPCN for its own private interests instead of demonstrating how public convenience and necessity requires the issuance of new ALS and BLS permits for trips that AMR and the other existing providers can easily accommodate.

Finally, at the August 6, 2019, Board of County Commissioners Meeting the Board considered the application of Affordable Transport, Inc. ("ATI") for an ALS interfacility COPCN. The Board granted ATI a limited COPCN to service a specific facility only. However, during the public hearing, the Board recognized that the Code provisions regarding review and adjudication of COPCN applications needed to be revised to "perfect the process regarding determination of need going forward." See Public Hearing Report details available on the County's website. The Board recognized that COPCN applicants, like the Applicant here, should have to meet a more precise process and specific evidentiary standard of proving that an unmet need exists before being granted a COPCN and the Code should be revised accordingly. The Code, however, remains unchanged since August 6, 2019. As such, consideration of the current application should be postponed (if it is not outright rejected due to lack of proof of need) until the Code can be revised in accordance with the Board's directives

For all of the foregoing reasons, American Medical Response, as an existing provider of ALS/BLS interfacility service in Orange County, respectfully requests that the Application of Osceola Regional Medical Center be denied.

Should you have any questions, please do not hesitate to contact me at (813) 229-3500.

Best regards,

MILLS PASKERT DIVERS

/s/ S. Jordan Miller

Dr. Christian C. Zuver September 30, 2021 Page 3 of 3

Jordan Miller

GRAY ROBINSON

BOCA RATON 301 EAST PINE STREET FORT LAUDERDALE **SUITE 1400** FORT MYERS POST OFFICE BOX 3068 (32802-3068) GAINESVILLE Orlando, Florida 32801 JACKSONVILLE TEL 407-843-8880 KEY WEST FAX 407-244-5690 LAKELAND gray-robinson.com **Melbourne** MIAMI NAPLES

ORLANDO

Tallahassee Tampa

WASHINGTON, DC West Palm Beach

407-843-8880

CHRIS.CARMODY@GRAY-ROBINSON.COM

September 29, 2021

VIA HAND DELIVER and E-MAIL

Dr. Christian Zuver Medical Director Orange County Emergency Medical Services 2002 E. Michigan Street Orlando, FL 32806 christian.zuver@ocfl.net

Re: Objection to Osceola Regional Medical Center COPCN Application

Dr. Zuver:

Our firm represents RG Ambulance Service, Inc. d/b/a American Ambulance, an existing holder of a Certificate of Public Convenience and Necessity ("COPCN") to operate Advance Life Support ("ALS") and Basic Life Support (BLS) interfacility services in Orange County. Pursuant to Section 20-92 (b)(2) of the Orange County Code of Ordinances, RG Ambulance hereby files this objection to the Application of Osceola Regional Medical Center Inter-Facility Transport (hereinafter "Osceola Regional" or the "Applicant") for COPCN to operate ALS / BLS interfacility service within Orange County. This objection is timely under Section 20-92(b)(2) because it has been served within 30 days of the County's notice of the Application.

Applicable Standards and Grounds for Objection

In reviewing an application for a COPCN, Section 20-92(b)(1) of the Code requires the Emergency Medical Office (the "EMSO") to "investigate the public need for the proposed service". Further, in reviewing the EMSO's recommendation on the application, Section 20-93(b) of the Code requires "the board of county commissioners shall determine that the proposed service, to the extent to be authorized by the certificate, is or will be required by the present and future public convenience or necessity..." In fact, Section 20-92(a)(4) requires a "statement of facts showing the demand or need for the proposed service" in the application. In other words, the Orange County Code requires that the applicant demonstrate that there is a need for additional interfacility service in the County and that the existing service is not adequate to meet the public need in the service category.

Florida law also requires that applicants seeking a certificate of public convenience and necessity for transportation services carry the burden of providing that existing service is inadequate. *See: Surf Coast Tours, Inc. v Florida Public Service Commission,* 385 So. 2d 1353, 1355 (Fla. 1980) (recognizing that an evaluation of "the adequacy of the existing services" must be measured by evaluating existing service providers' performance and the applicant has the burden of proving substandard performance); *Stewart Bonded Warehouse, Inc v Bevis,* 294 SO. 2d 315 (Fla. 1974) (holding that an applicant shall not receive a certificate of public convenience and necessity if it fails to demonstrate that existing service is

INCLUDE DELIVERY PHRASES IN HEADER

Dr. Christian Zuver September 29, 2021 Page 2

inadequate). See also: Great Southern Trucking Co. v Mack, 54 So. 2d 153, 156 (Fla. 1951) in which the Court acknowledged that:

Statutes in this connection (public transportation) generally contemplate and frequently expressly require that additional new service from a different source shall not be permitted to supersede or vitally impair the present transportation service, where that is or may become adequate to the public needs. Existing investment should be conserved, and present service protected, where adequate and satisfactory, in the interest of justice and public welfare.

Here the Applicant, while known in the community as an excellent provider of healthcare, has completely failed to demonstrate public necessity for additional ALS/BLS interfacility service as required by Florida law and the Orange County Code. In fact, p.2 of the Application section 9 requires "STATEMENT OF FACTS SHOWING DEMAND OR NEED FOR THE PROPOSED SERVICE". The Applicant's statement:

The service would provide inter-facility transportation (Advanced Life Support and Basic Life Support Services) of emergency room patients and patients to be admitted from Hunters Creek and Millenia Free-standing ER' to main hospital, Osceola Regional Medical Center. Eventually to transport to and from other HCA facilities.

The applicant's statement of need and necessity is inadequate, lacks supporting documentation of FACT and does not meet the requirements of Section 20-92. This generic statement of need puts the entire burden on the EMSO team to determine need, despite there being no demand or calls for reform of the current COPCN holders. Without an applicant putting forward any data even suggesting a real, identifiable need, the application fails to meet the basic requirements of the County's code.

Additionally, Section 20-92 (a)(6) of the County Code requires verification of staffing requirements and "certification of personnel to be employed". The Applicant admits:

Start-up operations- hiring has not begun. Will hire to staff both ambulances 24/7.

The applicant admits they currently do not have staff in place to begin this operation. Based on the past eighteen months (18) months of a world pandemic, there is a significant shortage of licensed EMTs and Paramedics available in the hiring pool. This shortage has been felt not only on a local level but on a statewide and national level. Local colleges were forced to cease, curtail and suspend the training required to certify EMT and Paramedics which further eroded the pool of applicants. Approval of this Applicant will only exasperate this critical level of employees. Additionally, the net result would simply be a reshuffling of employees with no capacity added to the service or benefit to the County. In fact, approval of this Applicant will cause a negative effect on the remaining health care institutions in Orange County as the service level to the remainder of the County will become diminished due to a reduction in available staff.

Conclusion

INCLUDE DELIVERY PHRASES IN HEADER

Dr. Christian Zuver September 29, 2021 Page 3

There is a significant defect with the Application that merits its denial. RG Ambulance Service, Inc. d/b/a American Ambulance would be able to further demonstrate that it and other providers within Orange County have the capacity serve the ALS/BLS interfacility market. Should this application for interfacility be granted, without any demonstrated need for the service in Orange County, the intent behind Florida's certificate of need statute and the County Code implementing the statute would be completely disregarded. RG Ambulance Service, Inc. d/b/a American Ambulance has an outstanding reputation in Orange County and the surrounding communities. To date we have not received one single complaint of service or violation from the EMSO in almost two decades.

For the reasons identified, RG Ambulance Service, as an existing provider of ALS/BLS interfacility service provider within Orange County, respectfully request that the Application of Osceola Regional Medical Center Inter-facility Transport, be denied.

Sincerely, Chris Carmody

CC

MEMORANDUM

TO:	Mayor Jerry L. Demings and
	County Commissioners
THRU:	Yolanda G. Martinez, EdPh.D, PhD., Director JM Health Services Department
FROM:	Christian C. Zuver, MD, Medical Director Office of the Medical Director/EMS Division Contact: (407) 836-7320
DATE:	October 15, 2021
RE:	EMS's Recommendation on Osceola Regional Hospital Inc. d/b/a Osceola Regional Medical Center's Application for a Certificate of Public Convenience and Necessity to Provide Interfacility Basic and Advanced Life Support Transport Services in Orange County

Chapter 20, Article III, Division 2, Subdivision II of the Orange County Code delineates the process for obtaining a Certificate of Public Convenience and Necessity ("COPCN") as required to provide emergency medical care or transportation services in Orange County. Applications for a COPCN must be made on forms provided by Orange County's Emergency Medical Services Office ("EMSO") and must contain, among other things, a statement of facts showing the demand or need for the proposed service, verification that staffing requirements will be met, and such other reasonable information as may be required by Orange County's Health Services Department ("Department"). Upon receiving an application for a COPCN, EMSO makes an investigation into the application and the public need for the proposed service. After concluding its investigation, EMSO makes a recommendation to the Orange County Board of County Commissioners (the "Board" or "BCC") to either grant or deny the application, or grant the application with such conditions of approval as the Department feels are necessary. The purpose of this Memorandum is to provide the BCC with a recommendation on Osceola Regional Hospital Inc. d/b/a Osceola Regional Medical Center's (the "Applicant" or "Osceola Regional") application for a COPCN in accordance with Section 20-92(b)(3), Orange County Code.

On July 13, 2021, Osceola Regional submitted its amended application and attachments for a COPCN to EMSO seeking to provide interfacility Basic Life Support ("BLS") and Advanced Life Support ("ALS") Transport Services within the geographical areas of and primarily transporting from Hunter's Creek Freestanding ER (12100 S. John Young Pkwy., Orlando, FL 32837) and Millenia Free-standing ER (4056 Millenia Blvd., Orlando, FL 32839) to Osceola Regional Medical Center (700 West Oak Street, Kissimmee, FL 34741). (the "Application"). In response to EMSO's request for an employee roster in Section 1, Subsection 12 of the Application, the Applicant stated that it was in start-up operations and that the hiring process had not begun, but that it will hire to staff both ambulances 24/7. Additionally, in response to EMSO's request for a State of Florida October 16, 2021 Re: EMS's Recommendation on Osceola Regional's Application for a COPCN Page 2

ALS License Number in Attachment III of the Application, the Applicant stated that it was in the process of filing an application for an ALS License the State of Florida. Finally, in response to EMSO's request for a vehicle roster with registration numbers in Attachment V of the Application, the Applicant stated that it had not purchased any vehicles yet as it was waiting for the approval of the COPCNs first but that it planned on buying two Type III ambulances.

EMSO investigated Osceola Regional's Application and the public need for BLS and ALS interfacility transport services within Orange County. This is a unique Application because the Applicant is a hospital system that operates facilities in Orange County and currently utilizes the services of existing COPCN holders for its interfacility transport. As such, the Applicant is requesting a COPCN on its own behalf primarily to transport patients between its own facilities. Accordingly, a business agreement is not required to initiate transport. Despite the absence of a business agreement, EMSO has concluded that the Applicant has demonstrated a need or demand for such services in this case.

However, as of the date of this Memorandum, the Applicant has not provided EMSO with an employee roster or a State of Florida ALS License Number. The Applicant states it will commence hiring at a later date, that all paramedics will be State certified and that it will provide an attestation of this fact to EMSO upon onboarding, and that it will have staffing coverage 24/7/365. The Applicant states that it is in the process of filing an application for an ALS License with the State of Florida and that its ALS License is pending. On October 11, 2021, the Applicant informed EMSO that it had purchased two Type III ambulances and provided EMSO with limited descriptions of the vehicles.

EMSO recommends that the Board grant Osceola Regional's Application for a COPCN to provide BLS and ALS transport services in Orange County with the following conditions of approval as believed to be necessary by the Department and EMSO. Prior to providing any BLS or ALS interfacility transport services under this Orange County COPCN, Osceola Regional shall provide the following information to EMSO which shall be deemed sufficient at EMSO's discretion:

- (1) A current State of Florida ALS License Number;
- (2) A current employee roster and verification that all staffing requirements have been met; and
- (3) A vehicle roster including the registration numbers of each vehicle to be used during operations.
- **RECOMMENDATION:** Grant Osceola Regional Hospital Inc. d/b/a Osceola Regional Medical Center's Application for a Certificate of Public Convenience and Necessity to Provide Interfacility Basic and Advanced Life Support Transport Services in Orange County on the condition that Osceola Regional Hospital Inc. d/b/a Osceola Regional Medical Center provide the following information to EMSO prior to providing any BLS or ALS interfacility transport services in Orange County which shall be deemed sufficient at

October 16, 2021 Re: EMS's Recommendation on Osceola Regional's Application for a COPCN Page 3

> EMSO's discretion: (1) a current State of Florida ALS License Number; (2) a current employee roster and verification that all staffing requirements have been met; and (3) a vehicle roster including the registration numbers of each vehicle to be used during operations.

Attachments

cc: Byron W. Brooks, AICP, County Administrator Danny Banks, Deputy County Administrator