

SUBJECT: Apollo Beach FSER Off-Site **PI#6531**
DEPARTMENT: Development Review Division of Development Services Department
SECTION: Project Review & Processing
BOARD DATE: August 12, 2025
CONTACT: Lee Ann Kennedy

RECOMMENDATION:

Grant permission to the Development Services Department to administratively accept the Required Off-Site Improvement Facilities (turn lanes, sidewalk, water and wastewater) for Maintenance to serve Apollo Beach FSER Off-Site, located in Section 33, Township 31, and Range 19, upon proper completion, submittal and approval of all required documentation. Also provide the administrative rights to release the warranty security upon expiration of the warranty period, warranty inspection and correction of any failure, deterioration or damage to the Improvement Facilities. Accept a Warranty Bond in the amount of \$24,365.10 and authorize the Chairman to execute the Developer's Agreement for Warranty of Required Off-Site Improvements.

BACKGROUND:

On February 9, 2024, Permission to Construct was issued for Apollo Beach FSER Off-Site, after construction plan review was completed on January 29, 2024. The developer has submitted the required Bond, which the County Attorney's Office has reviewed and approved. The developer is Sun City Hospital, Inc. and the engineer is Catalyst Design Group.



HEREFORD - DOOL
ARCHITECTS
205 17TH AVE NORTH, SUITE
NASHVILLE, TENNESSEE 37203
P. 615 - 244 - 7399
F. 615 - 244 - 6697
WWW.HDRARCHITECTS.COM

PROJECT
222023.00
COUNTY: HILLSBOROUGH

Apollo Beach FSER
5497 1461 151WY, APOLLO BEACH, FL 33522
HCA Florida South Shore Hospital

STATUS
CONSTRUCTION
DOCUMENTS



12/12/2022
REVISION 2 06/14/24

COVER SHEET

SHEET
CO.0



VICINITY MAP
NOT TO SCALE

SHEET NUMBER	SHEET TITLE
C0.0	COVER SHEET
C1.0 - C1.2	EXISTING CONDITIONS
C2.0	NOTES
C3.0	EROSION CONTROL PLAN
C3.1	EROSION CONTROL DETAILS
C4.0	DEMOLITION PLAN
C4.1	TREE DEMO OVERLAY PLAN
C5.0	OVERALL SITE LAYOUT PLAN
C5.1	SITE LAYOUT PLAN
C5.10	DRIVEWAY PROFILE
C5.20	OFFSITE IMPROVEMENT PLAN
C6.0	OVERALL GRADING & DRAINAGE PLAN
C6.1 - C6.2	GRADING & DRAINAGE PLAN
C7.0	OVERALL UTILITY PLAN
C7.1	UTILITY PLAN
C7.10	OFF-SITE UTILITY PLAN
C8.0 - C8.2	DETAILS
C8.10	LIFT STATION DETAIL
C9.0 - C9.2	COUNTY DETAILS
L1.0	OVERALL LANDSCAPE PLAN
L1.1 - L1.4	LANDSCAPE PLAN
L1.5	PLANT SCHEDULE & NOTES
L1.6	LANDSCAPE DETAILS
IR1.0	OVERALL IRRIGATION PLAN
IR1.1 - IR1.3	IRRIGATION PLAN
IR1.4	IRRIGATION PLAN & LEGEND
IR1.5 - IR1.6	IRRIGATION DETAILS
IR1.7	IRRIGATION SPECIFICATIONS



LOCATION MAP
NOT TO SCALE

CONSTRUCTION DOCUMENTS APOLLO BEACH FSER HILLSBOROUGH COUNTY, FLORIDA

HILLSBOROUGH COUNTY PID # 6531
SWFWMD APP. NO. 862716
CATALYST PROJECT NO. 20220006
JUNE 14, 2023

GENERAL INFORMATION
PROJECT NUMBER: 222023.00
ADDRESS: 5497 1461 151WY, APOLLO BEACH, FL 33522
COUNTY: HILLSBOROUGH
OWNER: HCA FLORIDA SOUTH SHORE HOSPITAL
ARCHITECT: HEREFORD - DOOL ARCHITECTS, INC.
DESIGNER: HEREFORD - DOOL ARCHITECTS, INC.
DATE: 12/12/2022

APPLICANT
HCA FLORIDA SOUTH SHORE HOSPITAL
205 17TH AVE NORTH, SUITE 200
NASHVILLE, TN 37203
P. 615.244.7399
F. 615.244.6697
WWW.HDRARCHITECTS.COM

PERMITTED DATA
DATE: 12/12/2022
DRAWN BY: JLD
CHECKED BY: JLD
DATE: 12/12/2022
PROJECT: 222023.00
SHEET: C0.0

PROPOSED BUILDING
DATE: 12/12/2022
DRAWN BY: JLD
CHECKED BY: JLD
DATE: 12/12/2022
PROJECT: 222023.00
SHEET: C0.0

PROPOSED LAND USE
DATE: 12/12/2022
DRAWN BY: JLD
CHECKED BY: JLD
DATE: 12/12/2022
PROJECT: 222023.00
SHEET: C0.0

PROPOSED PARKING
DATE: 12/12/2022
DRAWN BY: JLD
CHECKED BY: JLD
DATE: 12/12/2022
PROJECT: 222023.00
SHEET: C0.0

PROJ. NOTES:
1. FOR ACCESS VISIT 2023-2-29-2023
2. FOR ACCESS VISIT 2023-2-29-2023
3. FOR ACCESS VISIT 2023-2-29-2023
4. FOR ACCESS VISIT 2023-2-29-2023



HCA Florida
South Shore Hospital
HCA HEALTHCARE
ONE PARK PLACE
NASHVILLE, TN 37203



Catalyst
DESIGN GROUP
841 W KOSCE BLVD, SUITE 100, WINTER PARK, FL 32789
(407) 827-7200 | WWW.CATALYST-DC.COM
5100 Lake Nona Blvd, Suite 100, Lake Nona, FL 32157
Florida Permit Registration No. 33093



David B. Dool
Professional Engineer
No. 27145
State of Tennessee
Expires 12/12/2022
Date: 12/12/2022 13:54:55-0500

OWNER/DEVELOPER'S AGREEMENT FOR WARRANTY OF REQUIRED OFF-SITE IMPROVEMENTS

This Agreement made and entered into this _____ day of _____, 20²⁵ _____, by and between Sun City Hospital, Inc., hereinafter referred to as the "Owner/Developer" and Hillsborough County, a political subdivision of the State of Florida, hereinafter referred to as the "County."

Witnesseth

WHEREAS, the Board of County Commissioners of Hillsborough County has adopted site development regulations which are set forth in the Land Development Code (hereafter the "Site Development Regulations"); and

WHEREAS, the Site Development Regulations authorize the County to accept ownership and/or maintenance responsibility of off-site improvement facilities constructed by the Owner/Developer in conjunction with site development projects in Hillsborough County, provided that the improvement facilities meet County standards and are warranted against defects in workmanship and materials for a period of two (2) years; and

WHEREAS, the Owner/Developer has completed certain off-site improvement facilities in conjunction with the site development project known as Apollo Beach FSER (hereafter referred to as the "Project"); and

WHEREAS, pursuant to the Site Development Regulations, the Owner/Developer has requested the County to accept the aforementioned off-site improvement facilities for ownership and/or maintenance; and

WHEREAS, the Owner/Developer has represented to the County that the completed improvement facilities have been constructed in accordance with the approved plans and all applicable County regulations and technical specifications; and

WHEREAS, the Owner/Developer has offered to warranty the off-site improvement facilities against any defects in workmanship and materials and to correct any such defects which arise during the warranty period.

NOW, THEREFORE, in consideration of the intent and desire of the Owner/Developer as set forth herein, and to gain acceptance for ownership and/or maintenance by the County of the aforementioned off-site improvement facilities, the Owner/Developer and the County agree as follows:

1. The terms, conditions and regulations contained in the Site Development Regulations are hereby incorporated by reference and made a part of this Agreement.
2. For a period of two (2) years following the date of acceptance of the off-site improvement facilities for ownership and/or maintenance by the County, the Owner/Developer agrees to warrant the off-site improvement facilities described below against failure, deterioration or damage resulting from defects in workmanship or materials. The Owner/Developer agrees to correct within the warranty period any such

failure, deterioration or damage existing in the improvement facilities so that said improvement facilities thereafter comply with the technical specifications contained in the approved plans and Site Development Regulations. The off-site improvement facilities to be warranted constructed in conjunction with the Project are as follows:

Domestic Water Lines and sanitary sewer connection to existing utilities, New turn lanes and Harbour Isle.

3. The Owner/Developer agrees to, and in accordance with the requirements of the Site Development Regulations, does hereby deliver to the County an instrument ensuring the performance of the obligations described in paragraph 2 above, specifically identified as:
- a. Letter of Credit, number _____, dated _____, with _____ by order of _____, or
 - b. A Warranty Bond, dated 07/08/2025 with Sun City Hospital, Inc. as Principal, and Liberty Mutual Insurance Company as Surety, and
 - c. Cashier/Certified Check, number _____, dated _____ be deposited by the County into a non-interest bearing escrow account upon receipt. No interest shall be paid to the Owner/Developer on funds received by the County pursuant to this Agreement.

A copy of said letter of credit, warranty bond, or cashier/certified check is attached hereto and by reference made a part hereof.

4. In the event the Owner/Developer shall fail or neglect to fulfill its obligations under this Agreement and as required by the Site Development Regulations, the Owner/Developer shall be liable to pay for the cost of reconstruction of defective off-site improvement facilities to the final total cost, including but not limited to engineering, legal and contingent costs, together with any damages, either direct or consequential, which the County may sustain as a result of the Owner/Developer's failure or neglect to perform.
5. The County agrees, pursuant to the terms contained in the Site Development Regulations, to accept the off-site improvement facilities for maintenance, at such time as:
- a) The Engineer-of-Record for the Owner/Developer certifies in writing that said off-site improvement facilities have been constructed in accordance with:
 - (1) The plans, drawings, and specifications submitted to and approved by the County's Development Review Division of Development Services Department; and
 - (2) All applicable County regulations relating to the construction of the off-site improvement facilities; and
 - b) Authorized representatives of the County's Development Review Division of Development Services Department have reviewed the Engineer-of-Record's

certification and have not found any discrepancies existing between the constructed improvement facilities and said certification.

6. If any part of this Agreement is found invalid and unenforceable by any court of competent jurisdiction, such invalidity or unenforceability shall not affect the other parts of this Agreement if the rights and obligations of the parties contained herein are not materially prejudiced and the intentions of the parties can be effectuated.
7. This document, including all exhibits and other documents incorporated herein by reference, contains the entire agreement of the parties. It shall not be modified or altered except in writing signed by the parties.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, effective as of the date set forth above.

ATTEST:

Mikaela Thorberg
Witness Signature

Mikaela Thorberg
Printed Name of Witness

Nicole Mitchell
Witness Signature

Nicole Mitchell
Printed Name of Witness

CORPORATE SEAL
(When Appropriate)

VICTOR D. CRIST
Clerk of the Circuit Court

By: _____
Deputy Clerk

Owner/Developer:

By: Cathy Edmisten
Authorized Corporate Officer or Individual
(Sign before Notary Public and 2 Witnesses)

Cathy Edmisten

Printed Name of Signer

Vice President

Title of Signer

4016 Sun City Center Blvd, Sun City Center, FL 33573

Address of Signer

813-634-0377

Phone Number of Signer

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA

By: _____
Chair

APPROVED BY THE COUNTY ATTORNEY

BY

[Signature]
Approved As To Form And Legal
Sufficiency.

03/2025

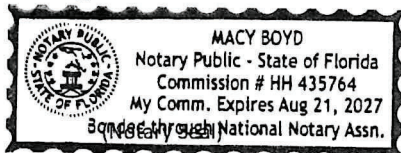
Representative Acknowledgement

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this
9 day of July, 2025, by Cathy Edmisten as
(day) (month) (year) (name of person acknowledging)
Vice President for Sun City Hospital, Inc.
(type of authority,...e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

☒ Personally Known OR ☐ Produced Identification

Type of Identification Produced



Macy Boyd

(Signature of Notary Public - State of Florida)

Macy Boyd

(Print, Type, or Stamp Commissioned Name of Notary Public)

HH 435764

(Commission Number)

08/21/2027

(Expiration Date)

Individual Acknowledgement

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this
____ day of _____, _____, by _____
(day) (month) (year) (name of person acknowledging)

☐ Personally Known OR ☐ Produced Identification

Type of Identification Produced

(Notary Seal)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Commission Number)

(Expiration Date)

THEN THIS OBLIGATION SHALL BE NULL AND VOID; OTHERWISE, TO REMAIN IN FULL FORCE AND
EFFECT UNTIL September 12, 2027

SIGNED, SEALED AND DATED this 8th day of July, 2025.

ATTEST:

Mary Boyd
Mary Boyd, witness

Principal: SUN CITY HOSPITAL, INC.

By Cathy Edmister
Cathy Edmister, Vice President Seal

Liberty Mutual Insurance Company

Surety Seal

ATTEST:

Debra J. Scarborough
Debra J. Scarborough, Witness

By Christy M. Braile
Attorney-In-Fact Seal
Christy M. Braile

APPROVED BY THE COUNTY ATTORNEY

BY [Signature]
Approved As To Form And Legal
Sufficiency.



POWER OF ATTORNEY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8213385-674009

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, C. Stephens Griggs; Charles R Teter, III; Christy M Braille; Danielle R Capps; Debra J Scarborough; Erin C Lavin; Evan D Sizemore; Hillary D Shepard; Jeffrey C Carey; Kellie A Meyer; Kristin D Thurber; Lauren Scott; Mariana Walker; Mary T Flanigan; Patrick T Pribyl; Rebecca S Leal; Tahitia M Fry; Veronica Lawver; Anne M Gliedt; Roxanne Avila; Tamara Bowser; Meredith McMillen; Nancy Singleton; Robert Elliott

all of the city of Kansas City state of MO each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 18th day of March, 2025.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By:

Nathan J. Zangerle
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 18th day of March, 2025 before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By:

Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 8th day of July, 2025.



By:

Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

CHRISTIANA MARIE BRAILE

License Number : W693124

Non Resident Insurance License

• 0920 - NONRES GEN LINES (PROP & CAS)

Issue Date

10/22/2020

NOTICE - This non-resident license is limited to the classes of insurance reflected above and is further limited to ONLY those classes of insurance for which you are licensed in your home state.

Please Note:

A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should have an appointment recorded in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 48 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in 626.2815 or 648.385, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at <https://dice.flds.com>. To validate the accuracy of this license you may review the individual license record under "Licensee Search" on the Florida Department of Financial Services website at <http://www.MyFloridaCFO.com/Division/Agents>



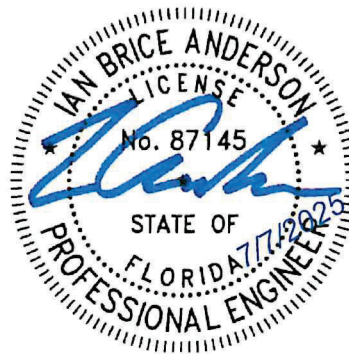
Jimmy Patronis
Chief Financial Officer
State of Florida

**APOLLO BEACH FSER
OFFSITE
SCHEDULE OF VALUES - SUMMARY**

Project Name: HCA Apollo Beach FSER
Contractor: BRW Construction
General Contractor: Nabholz Construction

	UNIT	QUANTITY	UNIT COST	TOTAL COST
Summary				
			\$ -	\$ -
Potable Water System	LS	1	\$ 18,365.00	\$ 18,365.00
Fire System	LS	1	\$ 43,836.00	\$ 43,836.00
Sanitary Sewer System	LS	1	\$ 28,750.00	\$ 28,750.00
Sitework	LS	1	\$ 152,700.00	\$ 152,700.00
			\$ -	\$ -
Total System & Site Cost			\$	243,651.00

Hillsborough County Bond @ 10% Offsite Cost of Construction \$ 24,365.10



APOLLO BEACH FSER OFFSITE SCHEDULE OF VALUES - POYTABLE WATER - - OFFSITE				
Project Name: HCA Apollo Beach FSER				
Contractor: BRW Construction				
General Contractor: Nabholz Construction				
<i>POTABLE WATER SYSTEM - - OFFSITE</i>	UNIT	QUANTITY	UNIT COST	TOTAL COST
Water Mains (Size, Type & Pipe Class)				
1.5" Poly Water Line	LF	12	\$ 50.00	\$ 600.00
2" Poly Water Line	LF	211	\$ 15.00	\$ 3,165.00
1.5" Gate Valves	EA	1	\$ 900.00	\$ 900.00
2" Gate Valves	EA	2	\$ 1,650.00	\$ 3,300.00
2" RPZ BFP	EA	2	\$ 3,950.00	\$ 7,900.00
Fittings & Megalugs	EA	10	\$ 250.00	\$ 2,500.00
Total Water System Cost				\$ 18,365.00

**APOLLO BEACH FSER
OFFSITE
SCHEDULE OF VALUES -- FIRE LINE -- OFFSITE**

Project Name: HCA Apollo Beach FSER

Contractor: BRW Construction

General Contractor: Nabholz Construction

<i>FIRE LINE -- OFFSITE</i>	UNIT	QUANTITY	UNIT COST	TOTAL COST
Force Mains (Size, Type & Pipe Class)				
4" DR-14 PVC C900	LF	161	\$ 26.00	\$ 4,186.00
4" Fittings & Megalugs	LS	13	\$ 150.00	\$ 1,950.00
4" DDCVA w/ FDC	EA	1	\$ 9,750.00	\$ 9,750.00
4" Building Riser	EA	1	\$ 2,450.00	\$ 2,450.00
Fire Hydrants	EA	3	\$ 8,500.00	\$ 25,500.00
Total Sewer System Cost				\$ 43,836.00

APOLLO BEACH FSER OFFSITE SCHEDULE OF VALUES - SEWER - - FORCEMAIN - - OFFSITE				
Project Name: HCA Apollo Beach FSER				
Contractor: BRW Construction				
General Contractor: Nabholz Construction				
SEWER SYSTEM - - FORCEMAIN - - OFFSITE	UNIT	QUANTITY	UNIT COST	TOTAL COST
Force Mains (Size, Type & Pipe Class)				
4" DR-18 PVC Forcemain	LF	250	\$ 15.00	\$ 3,750.00
4" Fittings & Megalugs	EA	25	\$ 300.00	\$ 7,500.00
10" Steel Casing / Casing Spacers	LF	250	\$ 50.00	\$ 12,500.00
4" Plug Valves	EA	2	\$ 2,500.00	\$ 5,000.00
			Total Sewer System Cost \$ 28,750.00	

**APOLLO BEACH FSER
OFFSITE
SCHEDULE OF VALUES - - SITEWORK - - OFFSITE**

Project Name: HCA Apollo Beach FSER

Contractor: BRW Construction

General Contractor: Nabholz Construction

SITEWORK - - OFFSITE	UNIT	QUANTITY	UNIT COST	TOTAL COST
Sitework				
12" Stabilized Subgrade	SY	1400	\$ 9.50	\$ 13,300.00
10" Limerock Base	SY	1400	\$ 30.00	\$ 42,000.00
3" SP-12 Asphalt	SY	1400	\$ 30.00	\$ 42,000.00
.75" FC-5 Asphalt	SY	1400	\$ 16.00	\$ 22,400.00
4" Sidewalk	LF	6000	\$ 5.50	\$ 33,000.00
			Total Sitework Cost	\$ 152,700.00

INCUMBENCY CERTIFICATE
SUN CITY HOSPITAL, INC.

The undersigned, being the Vice President and Assistant Secretary of **SUN CITY HOSPITAL, INC.**, a Florida corporation (the "Company"), does hereby certify that the following named persons have been duly elected and are current officers of the Company holding the office set forth opposite his name below with authority to sign on behalf of said Company:

<u>Name</u>	<u>Office</u>
Todd Maxwell	Vice President
Cathy Edmisten	Vice President

4th IN WITNESS WHEREOF, the undersigned has hereunto set his hand as of this September day of August, 2024.

By: [Signature]

John M. Franck II

Vice President and Assistant Secretary

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The foregoing instrument was acknowledgment before me on this 4th day of September, 2024, by John M. Franck II, with whom I am personally acquainted, and who, upon oath, acknowledged he is the Vice President and Assistant Secretary of Sun City Hospital, Inc., a Florida corporation.



[Signature]
Notary Public
My Commission Expires: 9/7/26