



June 14, 2023

Hernando County Attorney
20 N. Main St.
Suite 462
Brooksville, FL 34601

Re: Affidavit of Bobby Ginn, Chief Executive Officer

I, Bobby Ginn, do hereby state:

1. I am the Chief Executive Officer of Hernando HMA, LLC dba Bravera Health Spring Hill, located in Hernando County, Florida. I am providing this affidavit in my capacity as the Chief Executive Officer, and it is being given in connection with the Petition for the Medicaid Hospital Directed Payment Program to Hernando County, Florida (the "Petition").
2. Hernando HMA, LLC dba Bravera Health Spring Hill wishes to submit the Petition to Hernando County, Florida to ask that mandatory payments be imposed to fund the non-federal share of Medicaid and Medicaid managed care patients.
3. I am duly authorized to sign and execute the Petition on behalf of Hernando HMA, LLC dba Bravera Health Spring Hill. My signature on the Petition therefore shall have binding effect on Hernando HMA, LLC dba Bravera Health Spring Hill and will commit Hernando HMA, LLC dba Bravera Health Spring Hill to the Petition's contents.

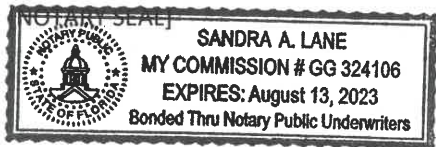
[Signature Page Follows. Remainder of Page Intentionally Left Blank.]

Under penalties of perjury, I declare that I have read this Affidavit and the facts stated in it are true.

Bobby Ginn
Bobby Ginn, Chief Executive Officer
Hernando HMA, LLC dba Bravera Health Spring Hill

STATE OF FLORIDA)
) SS:
COUNTY OF Hernando)

The foregoing instrument was sworn to and subscribed before me, by means of physical presence or online notarization this 14 day of June, 2023 by Bobby Ginn He/She is personally known to me or has produced _____ as identification.



Sandra A. Lane
Notary Public for the State of Florida
Sandra A. Lane
Name Type, Print or Stamped

My Commission expires: August 13, 2023

PETITION FOR MEDICAID HOSPITAL DIRECTED PAYMENT PROGRAM

To the Board of County Commissioners of Hernando County, Florida:

We, the undersigned Institutional Health Care Provider, do hereby petition Hernando County, Florida ("County"), pursuant to Chapter 15 of the Code of Ordinances of Hernando County for a special assessment to be imposed to fund the non-federal share of Medicaid and Medicaid managed care payments. The properties to be assessed are located within Hernando County, as more fully described on the attached Exhibit A.

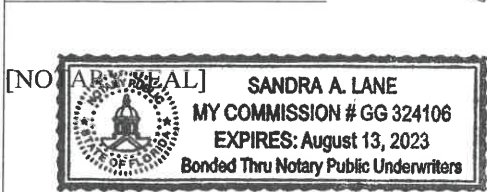
It is understood and agreed that the boundaries and services to be provided will be reviewed by the appropriate County authorities. The services to be provided will consist of collecting the special assessment and remitting such funds through intergovernmental transfers. It is also understood that the special assessment will be calculated in accordance with the requirements set forth in Chapter 15 of the Code of Ordinance of Hernando County, Florida. By signing this petition, each Institutional Health Care Provider forever relieves and releases the County, its officers, employees, and authorized agents from any and all liability for any legal action or damage, cost, or expense (including attorney's fees) relating to the imposition of the special assessment.

PETITIONER'S NAME	PETITIONER'S ADDRESS	LEGAL DESCRIPTION OF PROPERTY	TAX FOLIO NUMBER
		MORE FULLY	
		DESCRIBED ON	
		THE ATTACHED	
		"EXHIBIT A"	

Bobby Ginn
 Signature _____ Date 6/14/2023
Bobby Ginn
 Name _____

STATE OF FLORIDA)
)
 COUNTY OF Hernando) SS:

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization this 14 day of June, 2023 by Bobby Ginn. He/She is personally known to me or has produced _____ as identification.



Sandra A Lane
 Notary Public for the State of Florida
Sandra A Lane
 Name Type, Print or Stamped

My Commission expires: August 13, 2023

EXHIBIT "A"

Legal Description: