

July 24, 2023

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

Re: Affidavit of 3 DDP Petition

I, James Coyle, do hereby state:

1. I am the Senior Accountant of Springbrook Hospital, located in Hernando County, Florida. I am providing this affidavit in my capacity as the Senior Accountant, and it is being given in connection with the Petition for the Medicaid Hospital Directed Payment Program to Hernando County, Florida (the "Petition").
2. Springbrook Hospital 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 Springbrook Hospital. My signature on the Petition therefore shall have binding effect on Springbrook Hospital and will commit Springbrook to the Petition's contents.

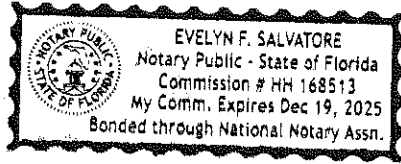
Under penalties of perjury, I declare that I have read this Affidavit and the facts stated in it are true.

[Signature]  
Senior Account  
Springbrook Hospital

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 24 day of July, 2023 by James Doyle. He/She is personally known to me or has produced \_\_\_\_\_ as identification.

[NOTARY SEAL]



Evelyn F. Salvatore  
Notary Public for the State of Florida

Evelyn F. Salvatore  
Name Type, Print or Stamped

My Commission expires: 12/19/2025