

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLLIER

I, Paul Hiltz, as Chief Executive Officer of Marco Island Hospital, Inc., on behalf of the corporation, not individually, hereinafter referred to as "Applicant"), being first duly sworn, state(s) the following under the penalties of perjury:

Marco Island Hospital, Inc. is the owner of the property described herein and which is the subject matter of the proposed submittal; that all the answers to the questions in this application, including the disclosure of interest information, all sketches, data, and other supplementary matter attached to and made a part of this application, are honest and true to the best of Applicant's knowledge and belief; and that if Applicant is not providing an attorney's opinion of title, that the information Applicant provided to the surveyor is sufficient to prepare an accurate boundary survey for this application, and is honest and true to the best of Applicant's knowledge and belief.

Applicant understands that the information requested on this application must be complete and accurate and that the content of this form, whether computer generated, or County printed, shall not be altered. Applicant further understands that if Public Hearings are required, they will not be advertised until this application is deemed complete, and all required information has been submitted.

As the property owner, Marco Island Hospital, Inc., authorizes RWA, Inc. to act as Applicant's representative in any matters regarding this application.

Paul Hiltz
Signature of Property Owner

Signature of Property Owner

Paul Hiltz, as Chief Executive Officer of Marco Island Hospital, Inc., not individually
Printed Name of Property Owner

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 8th day of July, 2021, by Paul Hiltz, as Chief Executive Officer of Marco Island Hospital, Inc., on behalf of the corporation, not individually.

Such person(s) Notary Public must check applicable box:

- Are personally known to me
- Has produced a current driver's license _____
- Has produced _____ as identification.

Notary Signature: Janice Covelli Rogers

