LETTER OF AUTHORIZATION

Owner: Midway Specialty Care Center, Inc.

City of Port St. Lucie

Planning & Zoning Department

121 SW Port St. Lucie Blvd.

Port St. Lucie, FL 34984

To Whom It May Concern:

This letter serves as formal authorization that Midway Specialty Care Center, Inc., hereby designates Del Toro Law as its authorized agent and representative.

Del Toro Law is authorized to act on behalf of Midway Specialty Care Center, Inc. in connection with all matters related to the rezoning application and Unity of Title, including, but not limited to:

- Communicating with the City of Port St. Lucie and its departments
- Preparing, executing, and submitting applications and supporting documents
- Responding to requests for additional information
- Attending and presenting at public hearings and meetings, including Planning & Zoning and City Council
- Executing documents necessary for processing the application

This authorization shall remain in full force and effect until completion of the rezoning and Unity of Title process, unless revoked in writing by Midway Specialty Care Center, Inc.

Sincerely,

Kathryn E Hayden - CFO

Authorized Representative

Midway Specialty Care Center, Inc.

Name: KATHRYN E HAYDEN

Title: CHIEF FINANCIAL OFFICER

STATE OF FLORIDA

COUNTY OF St Lucie

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 23 day of March, 2026 by Kathryn Hayden as CFO of Midway Specialty Care Center, Inc., who is personally known to me or has produced _____ as identification.

Bethany Sue Harris

Notary Public, State of Florida

Print Name: Bethany Sue Harris

Commission No.: HH 691022

My Commission Expires: 6/30/2029

BETHANY SUE HARRIS
Notary Public-State of Florida
Commission # HH 691022
My Commission Expires
June 30, 2029