

PINELLAS COUNTY HEALTH PROGRAM
HOSPITAL PROVIDER AGREEMENT
Second and Final Option for Renewal and Amendment 3

THIS AGREEMENT, is effective upon the date executed below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and **TARPON SPRINGS HOSPITAL FOUNDATION, INC.**, a Florida not-for-profit corporation, dba **ADVENTHEALTH NORTH PINELLAS**, whose address is 1395 South Pinellas Avenue, Tarpon Springs, FL 34689, hereinafter called the "**AGENCY**." The Parties hereby renew and amend the **PINELLAS COUNTY HEALTH PROGRAM HOSPITAL PROVIDER AGREEMENT** (Agreement) dated July 27, 2017, between the **COUNTY** and **AGENCY**, amended on November 2, 2018, and first renewed on September 22, 2020.

WITNESSETH:

WHEREAS, the **COUNTY** is committed to assisting residents in need of medical care; and

WHEREAS, indigent Pinellas County residents require medical services which they cannot afford; and

WHEREAS, the **COUNTY** desires to divert the inappropriate use of emergency room facilities by citizens of Pinellas County; and

WHEREAS, the **COUNTY**, after full consideration, determined that the **AGENCY** provides the broadest geographical coverage for provision of services to residents of Pinellas County enrolled in the Pinellas County Health Program; and

WHEREAS, the **PARTIES** believe it is in the best interest of the residents of Pinellas County to receive health care services provided by our local **AGENCY**; and

WHEREAS, the **AGENCY** has staff and facilities available to provide medical care to eligible Pinellas County residents; and

NOW, THEREFORE, the parties hereto do mutually agree as follows:

1. This Agreement is hereby renewed pursuant to Section 2 thereof, effective October 1, 2021 and continuing for a period of twelve months from that date unless terminated or cancelled as provided therein.
2. Section 3(a), "Compensation" is hereby amended to read:
 - a. The total annual compensation provided for under this Agreement shall be as follows:
 - i. October 1, 2017-September 30, 2018: \$42,000.00
 - ii. October 1, 2018-September 30, 2019: \$135,000.00
 - iii. October 1, 2019-September 30, 2020: \$105,000.00
 - iv. October 1, 2020-September 30, 2021: \$162,000.00
 - v. October 1, 2021-September 30, 2022: \$72,000.00
3. Section 3(b) from Amendment 1, dated November 20, 2018, shall be removed with the remaining sections renumbered accordingly.
4. Except as herein provided, all other terms and conditions of the Agreement remain in full force and effect.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the
day and year written below:

ATTEST:
Ken Burke
Clerk of Circuit Court



PINELLAS COUNTY, FLORIDA, Acting by
and through its Board of County Commissioners

By: _____

Deputy Clerk

By: _____

Chairman

Date: October 12, 2021

ATTEST:

TARPON SPRINGS HOSPITAL
FOUNDATION, INC.

By: _____

By: _____

Title: _____

Date: _____

APPROVED AS TO FORM

By: Matthew Tolnay
Office of the County Attorney