

FIRST AMENDMENT

This Amendment made and entered into this 29 day of June, 2017, by and between PINELLAS COUNTY, a political subdivision of the State of Florida, hereinafter referred to as "County," and EMS Management & Consultants, Inc., NC hereinafter referred to as "Contractor,"

WITNESSETH:

WHEREAS, the County and the Contractor entered into an agreement on June 6, 2017, pursuant to Pinellas County Contract No.167-0085-P(hereinafter "Agreement") pursuant to which the Contractor agreed to provide ambulance billing services for County; and

WHEREAS, Section 21 (Amendment) of the Agreement permits modification by mutual written agreement of the parties; and

WHEREAS, the County and the Contractor now wish to modify Section 4 of the Agreement to clearly specify the commencement date of the services;

NOW THEREFORE, the parties agree the Agreement is amended as follows:

1. Section 4.A. of the Agreement is replaced in its entirety with the following amended language: "The term of this Agreement shall commence on the Effective Date, and shall remain in full force and effect for a sixty (60) month period beginning on July 1, 2017, unless terminated sooner in accordance with the terms of this Agreement. Services shall commence on July 1, 2017.

2. Except as changed or modified herein, all provisions and conditions of the original Agreement and any amendments thereto shall remain in full force and effect.

Each Party to this Agreement represents and warrants that: (i) it has the full right and authority and has obtained all necessary approvals to enter into this Agreement; (ii) each person executing this Agreement on behalf of the Party is authorized to do so; (iii) this Agreement constitutes a valid and legally binding obligation of the Party, enforceable in accordance with its terms.

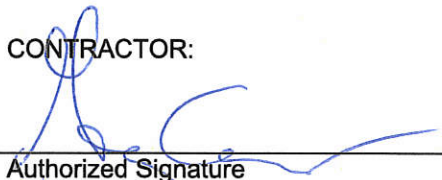
IN WITNESS WHEREOF the parties herein have executed this First Amendment as of the day and year first written above.

PINELLAS COUNTY, FLORIDA
by and through its County Administrator



Mark Woodard, County Administrator

CONTRACTOR:



Authorized Signature



Printed Authorized Signature



Title Authorized Signature

APPROVED AS TO FORM

By: 

Office of the County Attorney