

**PINELLAS COUNTY HEALTH PROGRAM
HOSPITAL PROVIDER AGREEMENT
First Option of Renewal and Amendment One**

THIS AGREEMENT, effective upon the date executed below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and **BAYCARE HEALTH SYSTEM, INC.**, a Florida not-for-profit corporation, whose address is 2985 Drew Street, Clearwater, FL 33759, hereinafter called the "**AGENCY**."

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** helps provide geographical coverage for provision of services to residents of Pinellas County enrolled in the Pinellas County Health Program and Health Care for the Homeless; 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, 2019, 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. Beginning October 1, 2019, the total annual compensation provided for under this Agreement shall be in an amount not to exceed Two-million, One hundred

and Nine thousand and No/100 (\$2,109,000.00) dollars per fiscal year for services provided per section 1 of this Agreement.

3. Sections 3(g) and 3(h) shall be deleted in their entirety.
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

ATTEST:
By: Patricia Nolan Lane

BAYCARE HEALTH SYSTEM, INC.

By: Tommy Sypriani
Title: CEO
Date: 9/18/19

APPROVED AS TO FORM

By: [Signature]
Office of the County Attorney