

AMENDMENT No. 6

This Amendment made and entered into this 10 day of NOVEMBER, 2015, by and between the PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY, a dependent special district established by Chapter 80-585, Laws of Florida, as amended, hereinafter referred to as "Authority," and Paramedics Plus, LLC, a foreign limited liability corporation registered to do business in Florida, and with its principal place of business at 1000 South Beckham Avenue, Tyler, Texas 75701, hereinafter referred to as "Contractor,"

WITNESSETH:

WHEREAS, the Authority and the Contractor entered into an agreement commencing on October 1, 2004, previously amended on five occasions the most recent of which was dated January 28, 2014, (hereinafter "Agreement") pursuant to which the Contractor agreed to provide Ambulance Services for Authority; and

WHEREAS, Appendix A of the Agreement provides for a not-to-exceed compensation limit for FY14-15 which can only be changed by mutual written agreement of the parties; and

WHEREAS, the Authority and the Contractor now wish to modify the Agreement in order to provide for an increase to the FY14-15 not-to-exceed compensation limit, at the same terms, and conditions;

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

1. The not-to-exceed limit for total expenditures and compensation for FY14-15, as provided in Appendix A to the Agreement, is hereby increased from \$42,649,366.78 to the new not-to-exceed expenditure and compensation limit of \$43,607,104.18.

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

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

Contractor:

[Signature]
VICE President (signature)
MARK T. POSTMA
VICE President (printed name)

PINELLAS COUNTY EMERGENCY MEDICAL
SERVICES AUTHORITY

By: [Signature]
Chairman

ATTEST:

By: [Signature] CAO
(Attesting Witness' name/title)

ATTEST:
KEN BURKE

By: [Signature]
Deputy Clerk



APPROVED AS TO FORM

By: [Signature]
Office of the County Attorney