

**PINELLAS COUNTY HEALTH PROGRAM  
HOSPITAL PROVIDER AGREEMENT  
First Option of Renewal and Amendment 2**

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 **BAYFRONT HMA MEDICAL CENTER, LLC.**, a Florida limited liability company, DBA Bayfront Health St. Petersburg, whose address is 701 6<sup>th</sup> Street, St. Petersburg, Florida 33701, hereinafter called the "**AGENCY**." The Parties hereby renew and amend the **PINELLAS COUNTY HEALTH PROGRAM HOSPITAL PROVIDER AGREEMENT** (Agreement) dated July 10, 2017, and Amendment 1 dated November 20, 2018, between the **COUNTY** and **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** 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, 2020, 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 in an amount not to exceed Seven hundred, Forty-Seven Thousand and No/100 (\$747,000.00) for services provided in Section 1 of this Agreement.
  
3. 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

By:   
Deputy Clerk

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

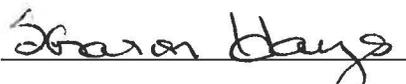
By:   
Chairman



ATTEST:

By: 

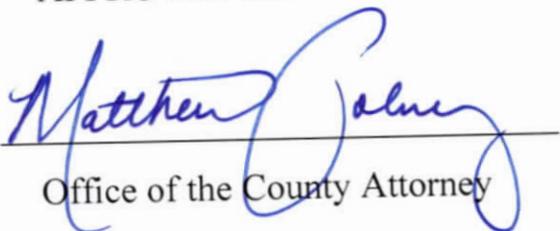
BAYFRONT HMA Medical Center, LLC.

By: 

Title: Chief Executive Officer

Date: 9-4-2020

APPROVED AS TO FORM

By:   
Office of the County Attorney