

**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 **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 5, 2017, 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 One-hundred, sixty-two thousand and No/100 (\$162,000.00) dollars for services provided per 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

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

By: _____
Deputy Clerk

By: _____
Chairman

ATTEST:

By:  _____

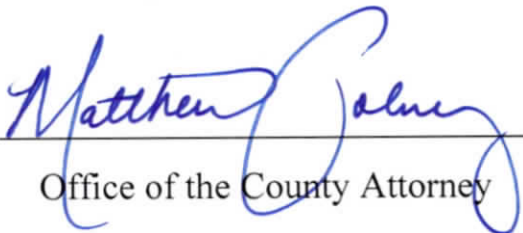
TARPON SPRINGS HOSPITAL
FOUNDATION, INC.

By:  _____

Title: CFO

Date: 8-19-2020

APPROVED AS TO FORM

By:  _____
Office of the County Attorney