

**PINELLAS COUNTY HEALTH PROGRAM**  
**HOSPITAL PROVIDER AGREEMENT**  
**Second and Final Option of Renewal**

THIS AGREEMENT is made and entered into on the date below, by and between PINELLAS COUNTY, a political subdivision of the State of Florida, hereinafter referred to as the "COUNTY", and BAYFRONT HMA MEDICAL CENTER, LLC., a Florida Corporation, D.B.A. BAYFRONT MEDICAL CENTER, whose address is 701 6th Street, St. Petersburg, FL 33701, hereinafter referred to as the "PROVIDER".

**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 PARTIES believe it is in the best interest of the residents of Pinellas County to receive health care services provided by our local PROVIDER; and

WHEREAS, the COUNTY, after full consideration, determined that the PROVIDER assists in ensuring the broadest geographical coverage for provision of services to Pinellas County residents enrolled in the Pinellas County Health Program; and

WHEREAS, the COUNTY desires to divert the inappropriate use of emergency room facilities by citizens of Pinellas County; and

WHEREAS, the PROVIDER has staff and facilities available to provide medical care to eligible Pinellas County residents.

**NOW, THEREFORE**, the parties hereto do mutually agree as follows:

Section 1.

This Agreement is hereby renewed pursuant to section two (2) thereof, effective October 1, 2016, continuing for a period of twelve months from that date unless terminated or cancelled as provided therein.

Section 2.

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 date 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: *Shawn E. Zapp*

BAYFRONT HMA MEDICAL CENTER, LLC.

By: *Kathryn J. Gillette*  
Kathryn J. Gillette  
Title: Chief Executive Officer  
Bayfront HMA, LLC

Date: 8/30/16

APPROVED AS TO FORM

By: *[Signature]*  
Office of the County Attorney