

**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:

BAYFRONT HMA Medical Center, LLC.

By:



By:



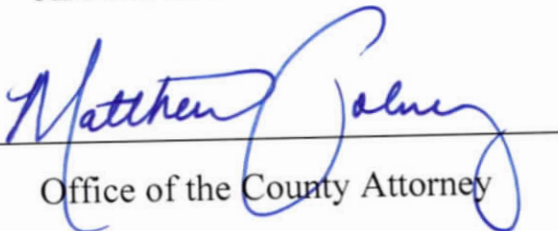
Title: Chief Executive Officer

Date:

9-4-2020

APPROVED AS TO FORM

By:

  
Office of the County Attorney