AMENDMENT TO AGREEMENT

THIS AMENDMENT TO AGREEMENT (“Agreement”) is entered into this 1st day of October, 2019, by and between Manatee County, a political subdivision of the State of Florida, hereinafter referred to as the “County” and Manatee County Rural Health Services, d/b/a MCR Health Inc., hereinafter referred to as “Provider.”

WHEREAS, the parties entered into an Agreement with an effective date of the 1st day of October 2018, as related to Agreement for The Provision of Healthcare Services to Uninsured County Residents (the “original Agreement”); and

WHEREAS, the Article 4. B. states that the Agreement may be renewed by written amendment for one (1) additional term of one (1) year, for a maximum total of two (2) years.

NOW, THEREFORE, in consideration of the mutual promises made herein, and other good and valuable consideration, receipt of which is hereby acknowledged, the parties agree as follows:

1. The Limitation of Costs and Payments as detailed by Article 3 and further detailed by Attachment B; and,
2. Unless renewed or terminated as provided in this Agreement, this Agreement shall remain in full force and effect commencing 12:00 a.m. on October 1, 2019 and ending at 11:59 p.m. on September 30, 2020, or otherwise terminated as provided herein. The Program shall be provided by the Provider in accordance with all requirements and terms of this Agreement. Any services provided outside of these specific times will not qualify for payment under this Agreement; and,
3. This Amendment will serve as the second and final term of a two (2) year maximum Agreement period; and,
4. All other provisions of the original Agreement are unaffected by this Amendment and shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have signed this Amendment to Agreement as of the date and year first written above.

PROVIDER

Print Name: ____________________________
Signature: ___________________________
Title: ________________________________
Date: ________________________________

MANATEE COUNTY, FLORIDA

By: Board of County Commissioners

Print Name: ____________________________
Signature: ___________________________
Title: County Administrator
Date: ________________________________