DocuSign Envelope ID: 0854180A-015B-48B3-8A87-851200D471BE MARIO, Marion County **Board of County Commissioners** MODIFICATION OF AGREEMENT WITH MARION COUNTY ("COUNTY") GOD WE AGREEMENT NUMBER/TITLE: 18P-095 Occupational Medical Care Provider MODIFICATION EFFECTIVE DATE: October 1, 2021 MODIFICATION NUMBER: 4 DESCRIPTION OF MODIFICATION: This Modification renews the Agreement for one (1) year, effective October 1, 2021 through September 30, 2022 with an annual cost of \$265,414. NOTE! All provisions of the Agreement not specifically modified herein shall remain in full force and effect. PCA/BUYER: SHARI CHINEVERE ISSUED BY: Marion County Board of County Commissioners **Procurement Services** E-MAIL: shari.chinevere@marionfl.org 2631 SE Third St. PHONE: 352-671-8648 Ocala, FL 34471 OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, P.A. NAME: 5080 Spectrum Drive, Suite 1200, Addison, TX 75001 ADDRESS: Robert G. Hassett, DO, MPH ATTN: INSTRUCTIONS: PROVIDER shall sign Signature Block showing acceptance of the above written modification and return this form to Procurement Services within five (5) days after receipt. Once fully executed, a copy of this modification will be returned to PROVIDER to attach to the original agreement. MARION COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA ATTHEW G. MINTER JEFF G CHAIR ARION COUNTY ATTORNEY ATTES

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CHAIRMAN		MA
ATTEST:	7	со
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GREGORY C. HARRELL	DATE	C
MARION COUNTY CLERK OF THE CO	DURT	BY
Company Name: Concentra Health	Services, Inc. 5/19/2021	BY RC PR
BY4EE06EDAE91D4D4	DATE	
Robert G. Hassett, DO, MPH, Vice Pr	esident-Medical Operations	
PRINTED NAME	ITS:	ITS

FOR USE AND RELIANCE OF MARION COUNTY ONLY, APPROVED AS TO FORM AND LEGAL SUFFICIENCY

MPANY NAME:

CUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, P.A.

Docusigned by:	4/30/2021
BY: 4EE06EDAE91D4D4	DATE
Robert G. Hassett, DO, MPH	
PRINTED NAME	

resident, Treasurer and Corporate Secretary S: