



Marion County Board of County Commissioners

MODIFICATION OF AGREEMENT WITH MARION COUNTY ("COUNTY")

AGREEMENT NUMBER/TITLE: 18P-095 Occupational Medical Care Provider

MODIFICATION NUMBER: 3 MODIFICATION EFFECTIVE DATE: 3/2/21

DESCRIPTION OF MODIFICATION:

This Modification adds \$16,000 to the agreement cost of \$238,400, for a total annual cost of \$254,400.

NOTE! All provisions of the Agreement not specifically modified herein shall remain in full force and effect.

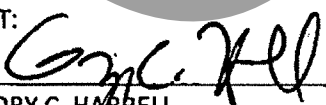
ISSUED BY: Marion County Board of County Commissioners Procurement Services 2631 SE Third St. Ocala, FL 34471	PCA/BUYER: SHARI CHINEVERE E-MAIL: <u>shari.chinevere@marioncountyfl.org</u> PHONE: <u>352-671-8648</u>
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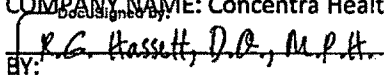
NAME: ADDRESS: ATTN:	<u>OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, P.A.</u> <u>5080 Spectrum Drive, Suite 1200, Addison, TX 75001</u> <u>Robert G. Hassett, DO, MPH</u>
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INSTRUCTIONS: PROVIDER shall sign Signature Block showing acceptance of the above 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.

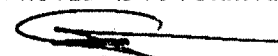
MARION COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA


 _____ 3/2/2021
 JERE GOLD DATE
 CHAIRMAN


ATTEST:

 _____ 3/2/2021
 GREGORY C. HARRELL DATE
 MARION COUNTY CLERK OF THE COURT

COMPANY NAME: Concentra Health Services, Inc.
DocuSigned by:

 _____ 4/22/2021
 BY: Robert G. Hassett, DO, MPH DATE
6D1189CF35924C5
 Robert G. Hassett, DO, MPH
 PRINTED NAME ITS:
 Vice President, Medical Operations

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



 for: MATTHEW G. MINTER
 MARION COUNTY ATTORNEY

COMPANY NAME:
 OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, P.A.
DocuSigned by:

 _____ 3/4/2021
 BY: Robert G. Hassett, DO, MPH DATE
 PRINTED NAME
 President, Treasurer, and Secretary
 ITS: