



**Marion County
Board of County Commissioners**

**MODIFICATION OF AGREEMENT
WITH MARION COUNTY ("COUNTY")**

AGREEMENT NUMBER/TITLE: _____

MODIFICATION NUMBER: _____ MODIFICATION EFFECTIVE DATE: _____

DESCRIPTION OF MODIFICATION:

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: _____
E-MAIL: _____
PHONE: _____

ADDRESS: _____
ATTN: _____

INSTRUCTIONS: Please 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 you to be attached to the original agreement.

MARION COUNTY, A POLITICAL SUBDIVISION OF THE
STATE OF FLORIDA

MICHELLE STONE
CHAIRMAN

DATE

ATTEST:

GREGORY C. HARRELL
MARION COUNTY CLERK OF THE COURT

DATE

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

MATTHEW G. MINTER
MARION COUNTY ATTORNEY

COMPANY NAME:

OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, P.A.

BY: _____ DATE

PRINTED NAME

ITS: