

First Amendment to Agreement Providing for Advanced Life Support Services

This First Amendment to the Agreement dated February 3, 2004, by and between Leon County, a political subdivision of the State of Florida, hereinafter referred to as the "County" and the City of Tallahassee, a Florida Municipal Corporation, hereinafter referred to as the "City" is hereby entered into by and between said parties this 10th day of May, 2005.

WITNESSETH

WHEREAS, the County and City entered into an Agreement Providing for Advanced Life Support Services dated February 3, 2004; and

WHEREAS, the parties have determined it to be in the best interests of both entities to amend said Agreement dated February 3, 2004.

NOW, THEREFORE, in consideration of the mutual covenants, promises, and representations set forth herein, the sufficiency of which is hereby acknowledged, the County and City do hereby agree as follows:

Section 2 of the Agreement Providing for Advanced Life Support Services dated February 3, 2004, is hereby amended in its entirety to read as follows:


2. The Term of this Agreement shall commence on the date on which it has been executed by both parties, and shall end on June 30, 2009, unless earlier terminated pursuant to the terms of this Agreement.

All other provisions, sections or requirements in the Agreement dated February 3, 2004, not otherwise in conflict with the provisions herein shall remain in full force and effect.

This First Amendment to the Agreement Providing for Advanced Life Support Services dated February 3, 2004, shall be effective commencing October 1, 2005.

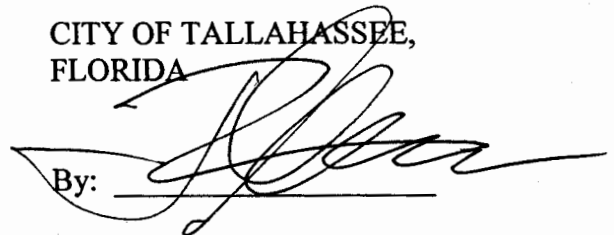
IN WITNESS WHEREOF, the parties hereto, through their duly authorized representative, have executed this First Amendment to Agreement as of the date first written above.

LEON COUNTY, FLORIDA

By: 

CLIFF THAELL, Chairman
of the Board of County Commissioners

CITY OF TALLAHASSEE,
FLORIDA

By: 

JOHN R. MARKS, III, Mayor
of the City of Tallahassee

ATTESTED TO:

By: 

ROBERT B. INZER, Clerk
Leon County, Florida

ATTESTED TO:

By: 

GARY HERNDON
City Treasurer-Clerk

APPROVED AS TO FORM:

By: 

HERBERT W.A. THIELE, Esq.
COUNTY ATTORNEY

APPROVED AS TO FORM:

By: 

JAMES R. ENGLISH, Esq.
CITY ATTORNEY

**LEON COUNTY
CONTRACT ROUTING SLIP**

County Contract No. 2658A

Original
 Renewal
 Amendment

Division Contact: Tom Guillen Phone #: 488-0911
 Division: Emergency Medical Services
 Location: 2290 Mikessee Rd
 Contractor: City of Tallahassee
 Address: 300 S Adams St.
 City, State, Zip: Tallahassee, Fla 32301

Contract Period: From <u>5/10/05</u> To <u>6/30/09</u>		MAY 25 PM 4:23 PROBATION DIVISION 509 HZB CLERK CIRCULAR COURT
Renewal Periods: Number _____ Term _____		
Contract Total \$ Amount: _____		
Contract Type:	Procurement Method:	Forms Required:
<input type="checkbox"/> Conservation Easement	<input type="checkbox"/> Bid*	<input type="checkbox"/> Public Entity Crimes Statement
<input type="checkbox"/> Construction	<input type="checkbox"/> RFP*	<input type="checkbox"/> Performance Bond
<input type="checkbox"/> Continuing Supply	<input type="checkbox"/> Sole Source	<input type="checkbox"/> Materials & Payment Bond
<input type="checkbox"/> Deed	<input type="checkbox"/> Gov't Entity	<input type="checkbox"/> Warranty Bond
<input checked="" type="checkbox"/> Interlocal Agreement	<input type="checkbox"/> Other (Explain Below)	<input type="checkbox"/> Certification Regarding Debarment
<input type="checkbox"/> Grant		
<input type="checkbox"/> Lease	Insurance Certificates:	
<input type="checkbox"/> Other Services	<input type="checkbox"/> General Liability	*Bid/RFP # _____
<input type="checkbox"/> Performance Agreement	<input type="checkbox"/> Professional Liability	Agenda Date <u>5/10/05</u>
<input type="checkbox"/> Professional Services	<input type="checkbox"/> Workers' Compensation	
<input type="checkbox"/> Purchase	<input type="checkbox"/> Errors & Omissions	
<input type="checkbox"/> Other (Explain below)	<input type="checkbox"/> Automobile Coverage	
Comments: _____		

Routing:

Required	Initials	Date	
<input checked="" type="checkbox"/>			Originating Division <u>County Atty. Gc.</u>
<input type="checkbox"/>			Purchasing
<input type="checkbox"/>			Minority/Women Business Enterprise
<input type="checkbox"/>			Risk Management
<input type="checkbox"/>			Grants Coordinator
<input type="checkbox"/>			County Attorney's Office
<input type="checkbox"/>			County Administrator's Office
<input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>5/26/05</u>	Chairman, BCC
<input checked="" type="checkbox"/>			Clerk's Office (Finance)

Return completed documents to: _____