



Contract Number

23-148 A-2

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative William L. Gilbert
Telephone Number (909) 580-6150

Contractor Next Gen Neuro, LLC
Contractor Representative Leisha Osburn
Telephone Number (317) 372-5716
Contract Term February 28, 2023 through October 26, 2024

Original Contract Amount NTE \$611,520
Amendment Amount \$0
Total Contract Amount NTE \$611,520
Cost Center 7620

AMENDMENT NO. 2

This Amendment No. 2 (this "Amendment"), effective as of the date of full execution, is made by and between Next Gen Neuro, LLC ("Contractor") and San Bernardino County on behalf of Arrowhead Regional Medical Center ("County") and modifies the terms of the Contract executed between the parties with the effective date of February 28, 2023 ("Contract"), as follows:

- 1. Section D of the Contract is deleted in its entirety and replaced with the following:

D. TERM OF CONTRACT

This Contract is effective as of February 28, 2023 through October 26, 2024, but may be terminated earlier in accordance with the provisions of this Contract.

- 2. **Full Force and Effect.** All other terms and conditions of the Contract shall remain in full force and effect.
- 3. **Counterparts.** This Amendment No. 2 may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission),

which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY

Next Gen Neuro, LLC

(Print or type name of corporation, company, contractor, etc.)

▶ _____
Dawn Rowe, Chair, Board of Supervisors

By ▶ _____
(Authorized signature - sign in blue ink)

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Name _____
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
of the San Bernardino County

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

▶ _____
Charles Phan, Deputy County Counsel

▶ _____

▶ _____
William L. Gilbert, Director

Date _____

Date _____

Date _____