



**Contract Number**

23-274 A-1

**SAP Number**

4400022041

## Arrowhead Regional Medical Center

**Department Contract Representative**  
**Telephone Number**

William L. Gilbert  
(909) 580-6150

**Contractor**  
**Contractor Representative**  
**Telephone Number**  
**Contract Term**

Intuitive Surgical, Inc.  
Nick Schafter  
(269) 501-7854  
June 12, 2023 – June 11, 2027

**Original Contract Amount**  
**Amendment Amount**  
**Total Contract Amount**  
**Cost Center**

\$600,000  
\$3,000,000  
\$3,600,000  
7421

### AMENDMENT NO. 1

**WHEREAS**, Intuitive Surgical, Inc. ("Intuitive") and San Bernardino County on behalf of Arrowhead Regional Medical Center ("Customer") entered into a Use, License, and Service Agreement ("Service Agreement") contemporaneously with a Lease Agreement with a Commencement Date of June 12, 2023; and

**WHEREAS**, the parties desire to extend the term of the Service Agreement; and

**NOW THEREFORE**, effective as of the date this Amendment is fully executed, the parties hereby amend the Service Agreement as follows:

1. Section 7 on Exhibit A to the Service Agreement relating to the "Term" is deleted in its entirety and replaced with the following:
  7. **Term.** This Service Agreement shall be effective as of June 12, 2023 through June 11, 2027, unless earlier terminated.
2. **Full Force and Effect.** All other terms and conditions of the Service Agreement remain in full force and effect.
3. **Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the

meaning given to it in the Service Agreement, as applicable.

4. **Counterparts.** This Amendment 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 Agreement. 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 ON BEHALF OF  
ARROWHEAD REGIONAL MEDICAL CENTER

►

\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

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

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

By \_\_\_\_\_  
Deputy

INTUITIVE SURGICAL, INC.

By \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name \_\_\_\_\_  
(Print or type name of person signing contract)

Title \_\_\_\_\_  
(Print or Type)

Dated: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Charles Phan, Supervising Deputy County Counsel		William L. Gilbert, Director
Date _____	Date _____	Date _____