



Contract Number

23-565 A-1

SAP Number

4400023639

Arrowhead Regional Medical Center

Department Contract Representative Telephone Number	Andrew Goldfrach (909) 580-6150
Contractor	Teladoc Health, Inc.
Contractor Representative Telephone Number	Steve Romanoff (925) 315-2329
Contract Term	June 27, 2023 through September 30, 2028
Original Contract Amount	Non-Financial
Amendment Amount	Non-Financial
Total Contract Amount	Non-Financial
Cost Center	
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1:

This Amendment No. 1 ("Amendment") dated June 23, 2026 is made by and between Teladoc Health, Inc., ("Teladoc"), and San Bernardino County on behalf of Arrowhead Regional Medical Center ("Customer") and modifies the terms of the Master Agreement (Customer Contract No. 23-565) executed between the parties as of June 27, 2023 ("Agreement").

1. Delete Sec. C, TERM OF CONTRACT, in its entirety and replaced with the following:

C. TERM OF CONTRACT

This Contract is effective June 27, 2023 and remains in effect so long as the County has possession and use of the Products but in no event longer than September 30, 2028.

2. **Full Force and Effect.** All other terms and conditions of the 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 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 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.

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

TELADOC HEALTH, INC.

(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 _____ Mike Cota
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

Title _____ Vice President of Contracts
(Print or Type)

By _____
Deputy

Dated: _____

Address _____ 155 East 44th Street

New York, NY 10017

FOR COUNTY USE ONLY

<p>Approved as to Legal Form</p> <p>► _____ Bonnie Uphold, Supervising Deputy County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>► _____</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>► _____ Andrew Goldfrach, ARMC Chief Executive Officer</p> <p>Date _____</p>
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