



Contract Number

23-804 A-1

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
 Contractor	 Fujifilm Healthcare Americas Corporation
Contractor Representative	Vincent Aquirre
Telephone Number	(847) 428-8550
Contract Term	Period of 60 months, commencing immediately upon installation
Original Contract Amount	\$621,592
Amendment Amount	\$110,000
Total Contract Amount	\$731,592
Cost Center	

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO.

This Amendment No. 1 (this "Amendment") dated September 26, 2023 is made by and between Fujifilm Healthcare Americas Corporation ("HCUS"), and San Bernardino County ("Customer") and modifies the terms to the Equipment Repair Service Agreement #2021-69543 2 executed between the parties as of July 25, 2023 ("Agreement").

1. Add line item 14 to the Service Rate as follows:

No	Qty	Part#	Service Description	List Price	Ext List	Disc %	Net
14	1	AR850	Annual maintenance and support, serial # U8AR0995	\$27,500	\$22,000	20	\$110,000

2. Delete "Service Agreement Total for 60 months: \$621,592.00", and replace with "Service Agreement Total for 60 months: \$731,592.00".

3. Full Force and Effect. The Agreement, as amended by this Amendment, remains in full force and effect.

- 4. Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement, as applicable.
- 5. 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

FUJIFILM Healthcare Americas Corporation

►

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

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

►

Bonnie Uphold, Supervising Deputy County
Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►

Date _____