

PHILIPS HEALTHCARE  
222 Jacobs Street, 3<sup>rd</sup> Floor  
Cambridge, MA 02141  
Tel: (800) 934-7372  
Fax: (800) 947-3299



**FIRST AMENDMENT TO MSA SERVICE AGREEMENT #43342719, (County Contract #26-62)**

The First Amendment to the Philips Service Agreement (this “First Amendment”) is by and between Philips Healthcare A division of Philips North America LLC (referred to herein as “Philips”) and San Bernardino County on behalf of Arrowhead Regional Medical Center (“Customer”) (individually a “Party” and collectively the “Parties”). This First Amendment shall be effective as of the date of signature by the latter of the Parties herein (the “Effective Date”).

**Whereas**, Philips and Customer are parties to the Philips Service Agreement (Agreement No. 43342719, County Contract #26-62), with an effective date of January 27, 2026 (the “Agreement”); and

**Whereas**, Philips and Customer wish to amend certain terms of the Agreement.

**Now, Therefore**, in consideration of the foregoing premises and the mutual covenants and agreements, Philips and Customer agree as follows:

1. As of the Effective Date, Quote No. Q-26101412 and Quote No. Q-26101720 are hereby incorporated into the Agreement.
2. Except as amended herein, the Agreement shall remain in full force and effect. Capitalized terms used, but not defined in this First Agreement shall have the meaning given to such terms in the Agreement.
3. This First Amendment may be executed in counterparts, each of which shall be deemed to be an original instrument. All such counterparts shall constitute a fully executed Agreement. Signed facsimile copies or PDF copies of this First Amendment will bind the parties to the same extent as original documents.

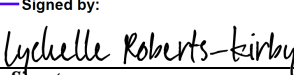
IN WITNESS WHEREOF, the parties have caused this First Amendment to be executed by their duly authorized representatives as evidence by their signatures below.

Accepted and agreed by:

San Bernardino County on behalf of  
Arrowhead Regional Medical Center

Philips Healthcare a division of Philips North  
America LLC

\_\_\_\_\_  
*Signature*  
 Dawn Rowe  
 \_\_\_\_\_  
*Printed Name*  
 Chairman, Board of Supervisors  
 \_\_\_\_\_  
*Title*  
 \_\_\_\_\_  
*Date*

Signed by:  
  
 \_\_\_\_\_  
 Lychelle Roberts-Kirby  
 \_\_\_\_\_  
*Printed Name*  
 Contracts Manager  
 \_\_\_\_\_  
*Title*  
 06/01/2026  
 \_\_\_\_\_  
*Date*

**Philips Healthcare**  
**A division of Philips North America LLC**  
**414 Union St, 2<sup>nd</sup> Floor**  
**Nashville, TN 37219**



**Philips Healthcare Service Agreement Addendum Form**

Billing Location Name: Arrowhead Regional Medical Center  
 Billing Address: 400 N Pepper Ave  
 City/State: Colton, CA  
 Zip: 92324-1819

Quote Date: 4/1/2026  
 Quote #: Q26101412  
 Current Service Agreement #: 43342719

Initial here to utilize the existing purchase order notated below (If multiple purchase orders are in use, please enter the correct number to use). If a new purchase order number is to be used please provide a hard copy with this signed add form.

Customer Contact Name: \_\_\_\_\_  
 Customer Contact Email: \_\_\_\_\_

Philips Sales Representative: Jenna Scarnecchia

Current Purchase Order #: \_\_\_\_\_

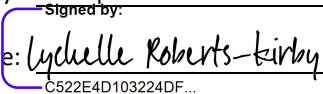
Terms and Conditions of the referenced current service agreement apply to this add form.  
 Pricing is valid for 90 days from 4/1/2026.

Site ID	Serial Number	Equipment Description	Location	Coverage	Add-On Entitlements	Coverage Start Date	Coverage End Date	Annual Value	Contract Value Currency:USD
95546777	US322B1048	EPIQ Elite Diagnostic Ultrasound System	Arrowhead Regional Medical Center	Technology Maximizer Essential		03/30/2027	03/29/2029	\$2,410.20	\$4,820.40
95546777	US322B1048	EPIQ Elite Diagnostic Ultrasound System	Arrowhead Regional Medical Center	Value UL	Probe Pool 2	03/30/2027	01/26/2030	\$11,443.00	\$32,330.64
81987442	3BZ2H	X7-2t (MTEE) Compact	Arrowhead Regional Medical Center	Premium TEE Primary UL		05/30/2026	01/26/2030	\$10,753.20	\$39,338.76
119050410	F0LB8M	Transducer, X8-2t	Arrowhead Regional Medical Center	Premium TEE Primary UL		05/30/2026	01/26/2030	\$10,753.20	\$39,338.76
<b>Total</b>								<b>\$35,359.60</b>	<b>\$115,828.56</b>

Our facility **does not** issue formal purchase order. We authorize payments "In lieu of a Purchase Order" for the equipment as described in Philips Healthcare Service Agreement. Initialed: \_\_\_\_\_

Our facility **does** issue formal purchase orders, however, due to our business/system limitations, we cannot issue a formal purchase order until \_\_\_\_\_ days prior to original warranty expiration. Initialed: \_\_\_\_\_

Accepted by: Philips Healthcare \_\_\_\_\_

Signed by:  \_\_\_\_\_  
C522E4D103224DF...

Printed Name: Lychelle Roberts-Kirby \_\_\_\_\_

Title: Contracts Manager \_\_\_\_\_

Date: 06/01/2026 \_\_\_\_\_

Accepted by: San Bernardino County on behalf of Arrowhead Regional Medical \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: Dawn Rowe \_\_\_\_\_

Title: Chairman, Board of Supervisors \_\_\_\_\_

Date: \_\_\_\_\_

\*Please note: All above fields are required

**Philips Healthcare**  
**A division of Philips North America LLC**  
**414 Union St, 2<sup>nd</sup> Floor**  
**Nashville, TN 37219**



**Philips Healthcare Service Agreement Add Form**

Billing Location Name: Arrowhead Regional Medical Center  
 Billing Address: 400 N Pepper Ave  
 City/State: Colton, CA  
 Zip: 92324-1819

Quote Date: 4/20/2026  
 Quote #: Q26101720  
 Current Service Agreement #: 43342719

Customer Contact Name: \_\_\_\_\_  
 Customer Contact Email: \_\_\_\_\_

Initial here to utilize the existing purchase order notated below (If multiple purchase orders are in use, please enter the correct number to use). If a new purchase order number is to be used please provide a hard copy with this signed add form.

Philips Sales Representative: Jenna Scarnecchia

Current Purchase Order #: \_\_\_\_\_

Terms and Conditions of the referenced current service agreement apply to this add form.  
 Pricing is valid for 60 days from 4/20/2026.

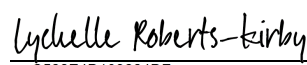
Site ID	Serial Number	Equipment Description	Location	Coverage	Add-On Entitlements	Coverage Start Date	Coverage End Date	Annual Value	Contract Value Currency:USD
117319076	US225B1498	EPIQ CVx Ultrasound System	Arrowhead Regional Medical Center	Value UL	Probe Pool 2	03/17/2026	01/26/2030	\$11,442.60	\$44,181.12
<b>Total Amount</b>								\$11,442.60	\$44,181.12

Our facility **does not** issue formal purchase order. We authorize payments "In lieu of a Purchase Order" for the equipment as described in Philips Healthcare Service Agreement. Initialed: \_\_\_\_\_

Our facility **does** issue formal purchase orders, however, due to our business/system limitations, we cannot issue a formal purchase order until \_\_\_\_\_ days prior to original warranty expiration. Initialed: \_\_\_\_\_

**SIGNATURES ON PAGE 2**

Accepted by: Philips Healthcare

Signature:   
C522E4D103224DF...

Printed Name: Lychelle Roberts-Kirby

Title: Contracts Manager

Date: 06/01/2026

Accepted by: San Bernardino County on behalf of Arrowhead Regional Medical

Signature: \_\_\_\_\_

Printed Name: Dawn Rowe

Title: Chairman, Board of Supervisors

Date: \_\_\_\_\_

\*Please note: All above fields are required