



Contract Number

20-105 A-1

SAP Number

4400014261

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	CE Broker, Inc.
Contractor Representative	Karen Hohman
Telephone Number	(904) 746-3663
Contract Term	March 10, 2020 - March 9, 2025
Original Contract Amount	\$104,256
Amendment Amount	\$70,000
Total Contract Amount	\$174,256
Cost Center	8650

AMENDMENT NO. 1

This Amendment No. 1 (this "Amendment") dated as of the date of full execution is made by and between CE Broker, Inc. (Contractor) and San Bernardino County on behalf of Arrowhead Regional Medical Center and modifies the terms of the non-physician staff license verification services agreement with the effective date of March 10, 2020 ("Contract"), as follows:

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

D.1 This Contract is effective as of the date of the last signature on the Contract and continues for a term through March 9, 2025, but may be terminated for convenience in accordance with the provisions of this Contract.

Upon termination of the Contract under this Section D., payment will be made to Contractor for services rendered and expenses reasonably incurred prior to the effective date of termination. Upon receipt of termination notice, Contractor shall promptly discontinue services unless the notice directs otherwise.

2. Section E.6 is added to the Contract as follows:

E.6 The maximum amount of payments under this Contract shall not exceed \$174,256. It shall be the responsibility of the County to monitor its expenditures under this Contract.

3. The following on page 18 of the Contract is deleted in its entirety:

“deemed fully given, when made in writing and either served personally, or by facsimile, or deposited in the United States mail, postage prepaid, and addressed to the other party as follows:

Client

County of San Bernardino on behalf of Arrowhead Regional Medical Center
Attn: Human resources – Nicole Smith, Manager
400 N. Pepper Avenue
Colton, CA 92324

Contractor

CE Broker, Inc.
52190 Belfort Rd., Suite 320
Jacksonville, FL 32256

Notice shall be deemed communicated two (2) County working days from the time of mailing if mailed as provided in this paragraph.”

4. Section I. is added to the Contract, before Section J., as follows:

I. NOTICES

All written notices provided for in this Contract or which either party desires to give to the other shall be deemed fully given, when made in writing and either served personally, or deposited in the United States mail, postage prepaid, and addressed to the other party as follows:

Client

Arrowhead Regional Medical Center
400 N. Pepper Avenue
Colton, CA 92324
Attn: Hospital Director

Contractor

CE Broker, Inc.
525 3rd St. N, Unit 105
Jacksonville, FL 32250

Notice shall be deemed communicated two (2) County working days from the time of mailing if mailed as provided in this paragraph.

5. The first reference to “COUNTY OF SAN BERNARDINO on behalf of” in the first paragraph of the Statement of Work in Exhibit A is deleted as being duplicative.

6. All references to “County of San Bernardino” in the Contract, including in Exhibit A, are amended to read as “San Bernardino County”.

7. **Full Force and Effect.** The Contract, as amended by this Amendment, remains in full force and effect.

8. **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

CE Broker, Inc.

►

Curt Hagman, Chairman, 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	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Charles Phan, Deputy County Counsel	► _____	► William Gilbert, Hospital Director
Date _____	Date _____	Date _____