

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

**THIRD AMENDMENT TO
 AGREEMENT FOR EMPLOYEE HEALTH AND WELLNESS CLINICAL SERVICES
 PURSUANT TO RFP 16-019**

This THIRD AMENDMENT of the AGREEMENT FOR EMPLOYEE HEALTH AND WELLNESS CLINICAL SERVICES PURSUANT TO RFP 16-019 is made and entered into by and between FORT BEND COUNTY, TEXAS, a body politic, acting herein by and through its Commissioners Court and Next Level Urgent Care, LLC (hereinafter "Contractor"), a company authorized to conduct business in the State of Texas.

W I T N E S S E T H

WHEREAS, on or about October 27, 2015, the Parties entered into AGREEMENT FOR EMPLOYEE HEALTH AND WELLNESS CLINICAL SERVICES PURSUANT TO RFP 16-019, and amended same on or about October 25, 2016 and December 19, 2018, all of which are incorporated by reference;

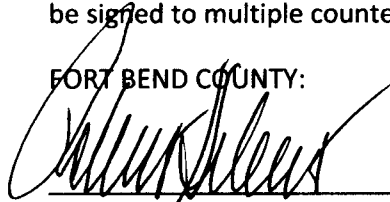
WHEREAS, the Parties agree that the first term expires December 31, 2017 and that both Parties would like to renew for an additional term.

- A. The Agreement is hereby renewed on the same terms and conditions, effective **JANUARY 1, 2019** and shall terminate on **DECEMBER 31, 2019**.
- B. Pursuant to Section 4C, Contractor's maximum compensation for the performance of services during the term of this Second Amendment will increase by 3% of the previous year's contract, for a total compensation not to exceed \$1,004,250.00
- C. Except as modified herein, the Agreement and Amendments remain in full force and effect and has not been modified or amended.
- D. In the event there is a conflict, the most recently execute document shall prevail over any other document.

Execution page follows


IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on the date signed by County.


FORT BEND COUNTY:



Robert Hebert
County Judge

CONTRACTOR:



Signature


Printed Name and Title

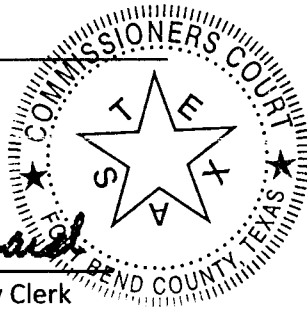
Date

Date

Attest:




Laura Richard, County Clerk



AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of 1,004,250 to accomplish and pay the obligation of Fort Bend County under this contract.



Robert Edward Sturdivant, County Auditor

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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Next Level Urgent Care
Houston, TX United States

Certificate Number:
2018-416721

Date Filed:
10/19/2018

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

Date Acknowledged:
11/06/2018

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

RFP 16-019
Medical Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)