

IN WITNESS WHEREOF, this Amendment is signed, accepted, and agreed to by all parties by and through the parties or their agents or authorized representatives. All parties hereby acknowledge that they have read and understood this Amendment and the attachments and exhibits hereto. All parties further acknowledge that they have executed this legal document voluntarily and of their own free will.

FORT BEND COUNTY

KP George
County Judge KP George

KP George
County Judge

11-3-2020

Date

ATTEST:

Laura Richard

Laura Richard, County Clerk



**FORT BEND COUNTY FAMILY HEALTH CENTER
INC., DBA ACCESSHEALTH**

[Signature]

Authorized Agent-Signature

Michael Dotson

Authorized Agent -Printed Name

CEO

Title

10/22/2020

Date

AUDITOR'S CERTIFICATE

I hereby certify that funds in the amount of \$ 1,276,662.00 are available to pay the obligation of Fort Bend County within the foregoing Amendment.

Robert Ed Sturdivant

Robert Ed Sturdivant, County Auditor

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.
 Fort Bend Family Health Center, Inc.
 Richmond, TX United States

Certificate Number:
 2020-682467

Date Filed:
 10/26/2020

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:
 11/03/2020

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.
 13552
 Clinic 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)