

AMENDMENT NO. 1 TO THE
AGREEMENT BETWEEN PALM BEACH COUNTY AND
CHILDREN'S HEALTHCARE ASSOCIATES, P.A.
TO PROVIDE PEDIATRIC SERVICES FOR
THE HIGHRIDGE FAMILY CENTER

THIS AMENDMENT NO. 1, to the Agreement made and entered into at West Palm Beach Florida on October 1, 2006 (R2006 1321), between Palm Beach County, Florida a political subdivision of the State of Florida, hereinafter referred to as "COUNTY", and CHILDREN'S HEALTHCARE ASSOCIATES, P.A., A Florida Professional Corporation, hereinafter referred to as "PEDIATRICIAN".

WHEREAS, the parties entered into the Agreement of October 1, 2006 for providing pediatric services at the COUNTY'S Highridge Family Center; and

WHEREAS, the parties now desire to extend the Agreement for an additional year.

NOW THEREFORE, in consideration of the mutual promises contained herein the parties agree as follows:

1. Article 2 is modified to provide that all services shall be completed by September 30, 2008.
2. Effective during the period of October 1, 2007 through September 30, 2008, the compensation to the PEDIATRICIAN under Article 3 shall be in the amount of four thousand five hundred dollars (\$4,500.00) per month, for a maximum amount of fifty four thousand dollars (\$54,000.00) during FY 07-08.
3. Except as expressly modified above the Agreement is hereby confirmed and remains in full force and effect.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County Florida has made and executed this Agreement on behalf of the COUNTY and PEDIATRICIAN has hereunto set his/her hand the day and year above written.

ATTEST:
SHARON R. BOCK

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS:

By: _____
Deputy Clerk

By: Vincent J. Bonvento
Vincent J. Bonvento
Assistant County Administrator

WITNESS:
Janine Talley
Signature

Janine Talley
Name (type or print)

J.C. Hepworth
Signature

J.C. Hepworth
Name (type or print)

PEDIATRICIAN:
Children's Healthcare Associates
Company Name

Janis A. Jones MD
Signature

Janis A. Jones M.D.
Typed Name

President
Title

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

(corp. seal)

By: [Signature]
County Attorney

APPROVED AS TO TERMS
AND CONDITIONS

By: [Signature]
Department Director

Children's HealthCare Associates

Janis Jones, M.D.
Jaime Lambrecht, M.D.
Greta Stibel-Chin, M.D.
Guillermo Vila, M.D.

St. Mary's Medical Pavilion
927 45th Street
Suite #205
West Palm Beach, Florida 33407
Telephone: (561) 844-6605
Fax: (561) 848-9059

March 21, 2007

Tony Spaniol, Psy. D.
Director, Division of Youth Affairs
Highridge Family Center
4200 N Australian Avenue
West Palm Beach, FL 33407

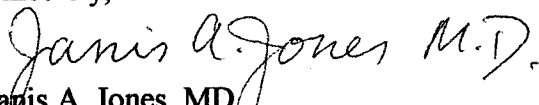
Dear Dr. Spaniol:

Children's Healthcare Associates is pleased to render medical services to the Highridge Family Center. We look forward to continuing to provide these services for the 2007-2008 contract year. Our fees for the 2007-2008 renewal period will remain at **four thousand, five hundred dollars (\$4,500.00)** per month.

Please feel free to contact me if you need any additional information.

Thank you for the opportunity to service your facility.

Sincerely,


Janis A. Jones, MD

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
4/27/2007

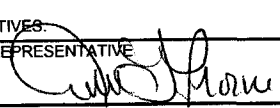
PRODUCER Samuel W. Irvine Associates 1920 Palm Beach Lakes Blvd. #101 West Palm Beach, Fl. 33409 561 684-0222		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Children's Health Care Associates dba Children's Care Center 927 45th St. #205 West Palm Beach, FL 33407 561 848 9048		INSURERS AFFORDING COVERAGE INSURER A: Landmark American INSURER B: INSURER C: INSURER D: INSURER E:	NAIC#

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	LBA004142	11/29/06	11/29/07	EACH OCCURRENCE \$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Physician's office

CERTIFICATE HOLDER Palm Beach Co. Bd. of Co. Commissioners C/o Dept of Public Safety/Div of Youth Affairs/ Dr. A. Spaniol Director 4200 North Australian Ave. West Palm Beach, FL. 33407	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: 
--	--



First Professionals Insurance Company

MEMORANDUM OF INSURANCE

TO:
TO WHOM IT MAY CONCERN:

NAMED INSURED:
CHILDREN'S HEALTHCARE ASSOCIAT
927 45TH STREET
SUITE #205
WEST PALM BEACH, FL 33407

*Policy provides individual coverage
for the physicians listed on the
attached schedule.

This is to advise you that the First Professionals Insurance Company, Inc. has issued to the named insured the policy enumerated below, subject to all the terms of such policy. This memorandum neither affirmatively or negatively amends, extends or alters the coverage of such policy.

POLICY NUMBER	TYPE OF INSURANCE	LIMITS	CLAIMS REPORTING PERIOD
99275	Professional Liability	250,000 each claim 750,000 aggregate	From: 12/15/2006 To: 12/15/2007

Retroactive Date: See Schedule

Date Issued: 12/15/2006

Vice President of Underwriting

FPIC-9(1/86)

342/8

FL-PC9275



INSURED COPY

First Professionals Insurance Company

MEMORANDUM OF INSURANCE

TO:
TO WHOM IT MAY CONCERN:

NAMED INSURED:
JAIME D. LAMBRECHT, M.D.
927 45TH STREET
SUITE 205
WEST PALM BEACH, FL 33407

ID NO : 71505

This is to advise you that the First Professionals Insurance Company, Inc. has issued to the named insured the policy enumerated below, subject to all the terms of such policy. This memorandum neither affirmatively or negatively amends, extends or alters the coverage of such policy.

POLICY NUMBER	TYPE OF INSURANCE	LIMITS	CLAIMS REPORTING PERIOD	
99275	Professional Liability	250,000 each claim 750,000 aggregate	From:	12/15/2006
			To:	12/15/2007

Retroactive Date: 07/01/1983

Class 92 - PEDIATRICS - NO SURGERY

Date Issued: 01/08/2007

Vice President of Underwriting



**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY
INFORMATION PAGE**

Comp Options Insurance Company	NCCI Company Code: 36307
<input type="checkbox"/> New <input type="checkbox"/> Revision	Policy No.: 01CB4-901D169-04
<input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Re-write:	of Prior Policy No.: 01CB4-901D169-03

1. The Insured Children's Healthcare Associates P.A. 927 45th Street, Suite 205 West Palm Beach FL 33407 FEIN#: 592845624 NAICS#:621111 U.I.#: Risk ID:097354359	Producer WC199 Danna-Gracey, Inc. 54 SE 6th Avenue Delray Beach, FL 33483
--	--

Insured is: Individual Partnership Corporation, or Other: Sub-Chapter S Corporation

Other work places not shown above:

2. The policy period is from FEB 4 07 to FEB 4 08 12:01 A.M. at the insured's mailing address.
 The anniversary rating date is FEB 4 07

3. **A. Workers Compensation Insurance:** Part One of the policy applies to the Workers Compensation Law of the states listed here:
 FL

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	___ \$100,000	Each accident
Bodily Injury by Disease	___ \$500,000	Policy limit
Bodily Injury by Disease	___ \$100,000	Each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
All States except states listed in item 3A and North Dakota, Ohio, Washington, West Virginia, Wyoming

D. This policy includes these endorsements and schedules:
 WC 00 04 02, WC 00 04 06, WC 00 04 14, WC 09 06 06

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit.

\$8,881	Total Estimated Annual Policy Premium
\$252	Minimum Premium
\$888	Deposit Premium

Countersigned by: _____

Date of Issue:	JAN 26 07	Pay Plan:	10 Equal	USY6
-----------------------	-----------	------------------	----------	------

INSURED'S COPY