



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact**

Fiscal Years	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	54,000	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	_____	54,000	_____	_____	_____

**# ADDITIONAL FTE**

**POSITIONS (Cumulative)**      0      0      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Is Item Included In <sup>Proposed</sup> Current Budget?    Yes   x      No \_\_\_\_\_  
 Budget Account No.: Fund 0001 Department 660 Unit 8220 Object 3401 Program \_\_\_\_\_  
    Fund \_\_\_\_\_ Department \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_ Program \_\_\_\_\_

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

**C. Departmental Fiscal Review:** Eugene J. Helander

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Dev. and Control Comments:**

atwillhite 7.7.08      Jan. J. Jacoby 7/8/08  
 OFMB 7/7/08      <sup>cn</sup> <sub>6/30</sub> Contract Administration 7/8/08

**B. Legal Sufficiency:**

[Signature] 7/9/08  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

This summary is not to be used as a basis for payment.

AMENDMENT NO. 2 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. 2, 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, 2009.
2. Effective during the period of October 1, 2008 through September 30, 2009, 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 08-09.
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**

By: \_\_\_\_\_  
Clerk & Comptroller

**PALM BEACH COUNTY**  
**BOARD OF COUNTY COMMISSIONERS:**

By: \_\_\_\_\_  
**Vincent J. Bonvento**  
Assistant County Administrator

**WITNESS:**

**PEDIATRICIAN:**

Janine Talley  
Signature

Children's Healthcare Associates PA  
Company Name

Janine Talley  
Name (type or print)

Janis A Jones M.D.  
Signature

Catherine Depworth  
Signature

Janis A. Jones M.D.  
Name (type or print)

J. Catherine Depworth  
Name (type or print)

President  
Title

**APPROVED AS TO FORM**  
**AND LEGAL SUFFICIENCY**

(corp. seal)

By: \_\_\_\_\_  
County Attorney

**APPROVED AS TO TERMS**  
**AND CONDITIONS**

By: \_\_\_\_\_  
Department Director

**Children's HealthCare Associates**

Janis Jones, M.D.  
Jaime Lambrecht, M.D.  
Greta Stiebel-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

**RECEIVED**

APR 03 2008

YOUTH AFFAIRS

April 1, 2008

Dr. Anthony Spaniol  
Director/Division of Youth Affairs  
High Ridge Family Center  
4200 Australian Avenue  
West Palm Beach, FL 33407

Dear Dr. Spaniol:

Children's Healthcare Associates, P.A. would be pleased to continue to provide medical services to the High Ridge Youth Service Center. The proposed fee for the 2008-2009 contract year will remain at \$4,500.00 per month. Should you have any questions, please do not hesitate to contact our office at (561) 844-6605.

Thank you for the opportunity to provide services to your organization.

Sincerely,

*Janis Jones M.D.*  
Janis Jones, M.D.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**1/21/2008**

<b>PRODUCER</b> 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.	
<b>INSURED</b> Children's Health Care Associates dba Children's Care Center 927 45th St. #205 West Palm Beach, FL 33407 561 848 9048		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: <b>Landmark American</b> INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC#</b>

## 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	LBA01478500	11/29/07	11/29/08	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	
A	X	AUTOMOBILE LIABILITY	LBA01478500	11/29/07	11/29/08	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OTHER THAN AUTO ONLY:				EA ACC	\$
		<input type="checkbox"/> AGG <input type="checkbox"/> RETENTION \$					\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AGGREGATE	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
		OTHER				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

*[Signature]*



**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.: 01CB4-901D169-05
<input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Re-write:	of Prior Policy No.: 01CB4-901D169-04

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 8th Avenue Delray Beach, FL 33483
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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 08 to FEB 4 09 12:01 A.M. at the insured's mailing address.  
 The anniversary rating date is FEB 4 08

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:

D. This policy includes these endorsements and schedules:  
 WC 00 03 08, WC 00 04 02, WC 00 04 06, WC 00 04 14, WC 09 08 08

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.

\$6,971	Total Estimated Annual Policy Premium
\$252	Minimum Premium
\$697	Deposit Premium

Countersigned by: \_\_\_\_\_

Date of Issue:	JAN 18 08	Pay Plan:	10 Equal	USY6
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**INSURED'S COPY**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

1/21/2008

<b>PRODUCER</b> 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.	
<b>INSURED</b> Children's Health Care Associates dba Children's Care Center 927 45th St. #205 West Palm Beach, FL 33407 561 848 9048		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: <b>Landmark American</b> INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC#</b>

**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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <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	LBA01478500	11/29/07	11/29/08	EACH OCCURRENCE \$ 1,000,000 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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	LBA01478500	11/29/07	11/29/08	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
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

<b>CERTIFICATE HOLDER</b> 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	<b>CANCELLATION</b> 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: <i>[Signature]</i>
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# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/11/2008

**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**

NAIC#

INSURER A: **Landmark American**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

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UNR LTY	ADPL #0000	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY	LBA004142	11/29/07	11/29/08	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"/> PROJ <input type="checkbox"/> LOC				DISEASE 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) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		EXCESS/UMBRELLA LIABILITY				OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUS: <input type="checkbox"/> TORY LIMITS <input type="checkbox"/> OTH-EB 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: *[Signature]*



INSURED COPY

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

\*Please see attached schedule for available limits.

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: 12/15/2007 To: 12/15/2008

Retroactive Date: See Schedule

Date Issued: 12/05/2007

*Laura L. Archer*

Vice President of Underwriting

**FIRST PROFESSIONALS INSURANCE COMPANY, INC.**  
**Medical Professional Liability Insurance Policy**

Schedule: Organization and Individuals Protected

Policy Number: 99275  
 Effective Date: 12/15/2007

The following organization(s) are insured by this policy:

PROFESSIONAL ASSOCIATION, CORPORATION OR PARTNERSHIP	RETROACTIVE DATE
CHILDREN'S HEALTHCARE ASSOCIAT	07/01/1988

The following individuals are insured by this policy:

CERT. NUMBER	STATE LIC. NO.	INDIVIDUAL	CLASS CODE	RETROACTIVE DATE	LIMITS
71504	37019	JANIS A. JONES, M.D.	80267	07/01/1988	\$250,000 - \$750,000
71505	41982	JAIME D. LAMBRECHT, M.D.	80267	07/01/1988	\$250,000 - \$750,000
71506	59380	GUILLERMO VILA, M.D.	80267	04/17/1991	\$250,000 - \$750,000
71507	44971	GRETA STIEBEL-CHIN, M.D.	80267	04/01/1988	\$250,000 - \$750,000
71511	08837	LISA FERREIRA, D.O.	80267	06/01/2002	\$250,000 - \$750,000
71851	82436	HANS EDUARDO HUBSCH, M.D.	80267	02/15/2005	\$250,000 - \$750,000
74339	65982	NOELLA MERCEDES CLARKE-AARON, M.D.	80267	06/15/2005	\$250,000 - \$750,000
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STOPPED

**FIRST PROFESSIONALS INSURANCE COMPANY, INC.**  
**Medical Professional Liability Insurance Policy**

Schedule: Organization and Individuals Protected

Policy Number: 99275

Effective Date: 12/15/2007

The following organization(s) are insured by this policy:

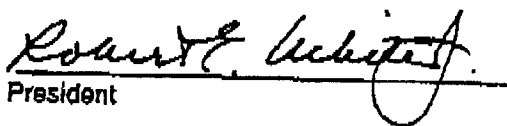
PROFESSIONAL ASSOCIATION, CORPORATION OR PARTNERSHIP	RETROACTIVE DATE
CHILDREN'S HEALTHCARE ASSOCIAT	07/01/1988

The following individuals are insured by this policy:

CERT. NUMBER	STATE LIC. NO.	INDIVIDUAL	CLASS CODE	RETROACTIVE DATE	LIMITS
71504	37019	JANIS A. JONES, M.D.	80267	07/01/1982	\$250,000 - \$750,000
71505	41962	JAIME D. LAMBRECHT, M.D.	80267	07/01/1983	\$250,000 - \$750,000
71506	59360	GUILLERMO VILA, M.D.	80267	04/17/1981	\$250,000 - \$750,000
71507	44971	GRETA STIEBEL-CHIN, M.D.	80267	04/01/1988	\$250,000 - \$750,000
71511	08837	LISA FERREIRA, D.O.	80267	08/01/2002	\$250,000 - \$750,000
71851	82436	HANS EDUARDO HUBSCH, M.D.	80267	02/15/2005	\$250,000 - \$750,000
74339	65982	NOELLA MERCEDES CLARKE-AARON, M.D.	80267	08/15/2005	\$250,000 - \$750,000
74340	68735	SHIRLEY JEAN TROWELL-BELL, M.D.	80267	09/01/2005	\$250,000 - \$750,000
77711	92897	STEPHANIE MARIE HENRY, M.D.	80267	08/01/2005	\$250,000 - \$750,000

End of Schedule

Date Issued: 12/05/2007

  
 President

  
 Authorized Representative

FIRST PROFESSIONALS INSURANCE COMPANY, INC.

CHILDREN'S HEALTHCARE ASSOCIAT

Policy Number: 99275 From:12/15/2007 To:12/15/2008

Claims Reporting Period

Schedule of Covered Physicians

Lic. No	Physician	Retro Date	Specialty	Limits	
44971	G. STIEBEL-CHIN, M.D.	04/01/88	PEDIATRICS - NO SURGERY	\$250,000/	\$750,000
66735	S. TROWELL-BELL, M.D.	09/01/05	PEDIATRICS - NO SURGERY	\$250,000/	\$750,000
37019	J. JONES, M.D.	07/01/82	PEDIATRICS - NO SURGERY	\$250,000/	\$750,000
59360	G. VILA, M.D.	04/17/91	PEDIATRICS - NO SURGERY	\$250,000/	\$750,000
41962	J. LAMBRECHT, M.D.	07/01/83	PEDIATRICS - NO SURGERY	\$250,000/	\$750,000
92897	S. HENRY, M.D.	08/01/05	PEDIATRICS - NO SURGERY	\$250,000/	\$750,000
08637	L. FERREIRA, D.O.	06/01/02	PEDIATRICS - NO SURGERY	\$250,000/	\$750,000
82436	H. HUBSCH, M.D.	02/15/05	PEDIATRICS - NO SURGERY	\$250,000/	\$750,000
85962	N. CLARKE-AARON, M.D.	08/15/05	PEDIATRICS - NO SURGERY	\$250,000/	\$750,000
C9275	Organization Coverage	07/01/88	Corporate Coverage	\$250,000/	\$750,000

Issued: 12/05/2007