



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Grady Health System

ADDRESS: 80 Jesse Hill Drive SE, P.O. Box 26115

CITY: Atlanta

STATE: Georgia

ZIP: 30303

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: John Haupt (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] **DATE** 1/21/15

ATTEST:

[Signature]
TITLE: Assistant to the President
SEAL (Affix)

NOTARY PUBLIC: _____

COUNTY: _____

MY COMMISSION EXPIRES: _____

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 3/11/2015

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 3/11/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] **DATE** 2/2/15

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Northside Radiology Associates, P. C.

ADDRESS: 5775 Glenridge Drive NE, Building B, Suite 360

CITY: Atlanta

STATE: Georgia

ZIP: 30328

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Nancy Holland (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] DATE 2/20/15

ATTEST:

2/20/15



NOTARY PUBLIC: [Signature]

TITLE: _____
SEAL (Affix)

COUNTY: Fulton
MY COMMISSION EXPIRES: 6/3/16

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 3/26/2015

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 3/26/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] DATE _____

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ITEM # 14-0824 RCS 10/15/2014
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DEPARTMENT OF HEALTH AND WELLNESS

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Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS:

RENEWAL AMOUNT: \$ 88,915

COMPANY'S NAME: Tenet Health System, GB, Inc. d/b/a Atlanta Medical Center

ADDRESS: 303 Parkway Drive NE

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Thomas E. Casady (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Thomas E. Casady **DATE** 12-9-14

ATTEST:

Kand. Wilson
TITLE: Contract Administrator
SEAL (Affix)

NOTARY PUBLIC: Oruida Stephens

COUNTY: Fulton County
MY COMMISSION EXPIRES: 9-5-2015

ATTEST:

FULTON COUNTY, GEORGIA

J.H.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 12-9-14
DATE: 1/27/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** _____

Please indicate if the following are provided:

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DEPARTMENT OF HEALTH AND WELLNESS

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Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Surgical Specialists of Atlanta Medical Center

ADDRESS: 303 Parkway Drive NE, Box 403

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Thomas E. Casaday (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Thomas E. Casaday **DATE** 12-9-14

ATTEST:

Ka D. Zee

NOTARY PUBLIC: Ouida Stephens

TITLE: Contract Administrator
SEAL (Affix)

COUNTY: Fulton County
MY COMMISSION EXPIRES: SEPTEMBER 9, 2015

ATTEST:

FULTON COUNTY, GEORGIA

J.H.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 1/27/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** _____

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
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ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Diagnostic Radiology & Ultrasound

ADDRESS: 755 Mount Vernon Highway

CITY: Atlanta

STATE: Georgia

ZIP: 30328

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Carolyn B. Dudley, M.D. (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Carolyn B. Dudley **DATE** 10-28-2014

ATTEST:

NOTARY PUBLIC: _____

TITLE: _____ **COUNTY:** _____
SEAL (Affix) **MY COMMISSION EXPIRES:** _____

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** 2/26/16

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
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ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

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Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

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BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: F&S Radiology, PC (Radisphere Group)

ADDRESS: 3700 Park East, Third Floor

CITY: Beachwood

STATE: Ohio

ZIP: 44122

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Beth Niewiadomski (Print)

(CEO, President, Vice President)

(Director, Billing Dept)

VENDOR'S SIGNATURE: Beth Niewiadomski **DATE** 10/29/14



JENNIFER CHERRY
NOTARY PUBLIC
FOR THE
STATE OF OHIO
My Commission Expires
December 6, 2017

NOTARY PUBLIC: J. Cherry

COUNTY: Lake
MY COMMISSION EXPIRES: 12-6-17

ATTEST:

FULTON COUNTY, GEORGIA

J. H. Eaves

**JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS**

DATE: 1/13/2015

Mark Massey

**MARK MASSEY
CLERK TO THE COMMISSION**

DATE: 1/13/2015

**DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:**

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** 12/24/14

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
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DEPARTMENT: Health and Wellness

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BID/RFP# NUMBER:

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RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Diagnostic Imaging Specialists, P. A.

ADDRESS: 6000 Lake Forrest Drive, Suite 475

CITY: Atlanta

STATE: Georgia

ZIP: 30328

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Fred Downs (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Fred Downs DATE 10/30/14

ATTEST:

Frieda O. Parks

NOTARY PUBLIC: Erica L. Damico

TITLE: _____
SEAL (Affix)

COUNTY: Forsyth
MY COMMISSION EXPIRES: 5-9-16

ATTEST:

FULTON COUNTY, GEORGIA

JH.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 1/13/2015

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris DATE 12/4/14

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
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RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Dr. Wendell O. Hackney

ADDRESS: 315 Boulevard NE, Suite 336

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Wendell Hackney (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: *Wendell Hackney* DATE 11/6/14

ATTEST:

NOTARY PUBLIC: *Karen H Segrest*

TITLE: _____
SEAL (Affix)

COUNTY: Clayton
MY COMMISSION EXPIRES:



ATTEST:

FULTON COUNTY, GEORGIA

J.H.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: *Patrice A. Harris* DATE 12/26/14

Please indicate if the following are provided:

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DEPARTMENT: Health and Wellness

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RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Diagnostic Pathology Services, P. A.

ADDRESS: 500 Franklin Road

CITY: Atlanta

STATE: Georgia

ZIP: 30342

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: MALCOLM D. JOEL (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Melvin D. Joel **DATE** 11/5/14

ATTEST:

Sonya J. Brooks

TITLE:
SEAL (Affix)

NOTARY PUBLIC: Sonya J. Brooks

COUNTY: Fulton
MY COMMISSION EXPIRES: _____

Sonya J Brooks
Notary Public, Cherokee County, GA
My Commission Expires August 20, 2017

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** 11/5/14

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DEPARTMENT OF HEALTH AND WELLNESS

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Patrice A. Harris, M.D., Director

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RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Isis OBGYN

ADDRESS: ~~401 South Main Street, Suite B-8~~ 1015 Mansell Rd.

CITY: Alpharetta Roswell

STATE: Georgia

ZIP: ~~30009~~ 30076

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Hughan Frederick (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: _____

DATE 4/06/14

ATTEST:

Anna E. Solesbee

NOTARY PUBLIC: Anna E. Solesbee

TITLE: Front Desk

COUNTY: Gwinnett

SEAL (Affix)

ANNA E SOLESBEE

MY COMMISSION EXPIRES: 8/22/17

ATTEST:

NOTARY PUBLIC

FULTON COUNTY, GEORGIA

GWINNETT COUNTY, GEORGIA

JHE **MY COMMISSION EXPIRES**

JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: _____

DATE 12/14/14

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ITEM # 14-0824
RECESS MEETING

RCS 10/15/2014



DEPARTMENT OF HEALTH AND WELLNESS

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RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Bostwick Laboratories, Inc.

ADDRESS: 100 Charles Lindbergh Blvd

CITY: Uniondale

STATE: New York

ZIP: 11553

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Martin J. Stefanelli (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] **DATE** 11-19-14

ATTEST:

[Signature] **NOTARY PUBLIC:** NEW YORK
TITLE: _____ **COUNTY:** Suffolk
SEAL (Affix) **MY COMMISSION EXPIRES:** 8/21/17

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION

Gerard E. Diffley
Notary Public, State of New York
No. 01DI5048259
Qualified in Suffolk County
Commission Expires August 21, 2017

DATE: 1/13/2015

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris M.D. (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] **DATE** 12/26/14

Please indicate if the following are provided:

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Patrice A. Harris, M.D., Director

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BID/RFP# NUMBER:

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RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Northside Hospital

ADDRESS: 1000 Johnson Ferry Road, Tower, Suite 1050

CITY: Atlanta

STATE: Georgia

ZIP: 30342

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

Terms and conditions during the renewal term shall be unchanged from those in effect immediately prior to renewal.

NAME: Janis Dubow VP (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Janis Dubow VP DATE 11-6-14
Northside Hospital

ATTEST:



NOTARY PUBLIC: _____

TITLE: _____
SEAL (Affix)

COUNTY: Gwinnett
MY COMMISSION EXPIRES: 3/15/2018

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: _____

DATE: 12/26/14

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 RCS 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Atlanta Pathology

ADDRESS: 315 Boulevard NE, Suite 240

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Richard Massey (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Richard Massey **DATE** 12/5/2014

ATTEST:

NOTARY PUBLIC: [Signature]

TITLE: _____
SEAL (Affix)

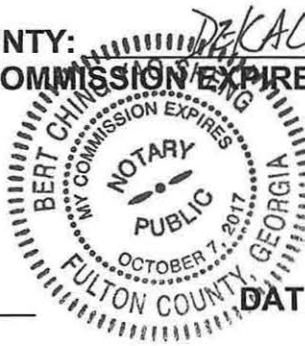
COUNTY: DEKALB
MY COMMISSION EXPIRES: 10/7/14

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 1/13/2015

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** 12/26/14

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS:

RENEWAL AMOUNT: \$ 88,915

COMPANY'S NAME: ApolloMD

ADDRESS: 5665 New Northside Drive, Suite 320

CITY: Atlanta

STATE: Georgia

ZIP: 30328

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Michelle J. Krueger (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Michelle J. Krueger **DATE** 1-21-15

ATTEST:



NOTARY PUBLIC: Melissa Atkins

COUNTY: Cobb
MY COMMISSION EXPIRES: 6-1-18

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
**JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS**

DATE: 3/11/2015

Mark Massey
**MARK MASSEY
CLERK TO THE COMMISSION**

DATE: 3/11/2015

**DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:**

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** 2/26/15

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 **RCS** 10/15/2014
PROCESS REETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Pathology & Laboratory Medicine, P.C.

ADDRESS: 3300 Buckeye Road, Suite 178

CITY: Atlanta

STATE: Georgia

ZIP: 30341

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: John Koepke (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: _____ **DATE** 2/5/15

ATTEST:
Kathy Turner

NOTARY PUBLIC: _____
Kathy Turner
Notary Public
Gwinnett County, Georgia
My Comm. Expires
03/18/2016

TITLE: A/P MGR
SEAL (Affix)

COUNTY: _____
MY COMMISSION EXPIRES: _____

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 3/11/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 3/11/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: _____ **DATE** 2/28/15

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Grady Health System

ADDRESS: 80 Jesse Hill Drive SE, P.O. Box 26115

CITY: Atlanta

STATE: Georgia

ZIP: 30303

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: John Haupt (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] **DATE** 1/21/15

ATTEST:

[Signature]
TITLE: Assistant to the President
SEAL (Affix)

NOTARY PUBLIC: _____

COUNTY: _____

MY COMMISSION EXPIRES: _____

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 3/11/2015

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 3/11/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] **DATE** 2/2/15

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Northside Radiology Associates, P. C.

ADDRESS: 5775 Glenridge Drive NE, Building B, Suite 360

CITY: Atlanta

STATE: Georgia

ZIP: 30328

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Nancy Holland (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] DATE 2/20/15

ATTEST:

2/20/15



NOTARY PUBLIC: [Signature]

TITLE: _____
SEAL (Affix)

COUNTY: Fulton
MY COMMISSION EXPIRES: 6/3/16

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 3/26/2015

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 3/26/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] DATE _____

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 RCS 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS:

RENEWAL AMOUNT: \$ 88,915

COMPANY'S NAME: Tenet Health System, GB, Inc. d/b/a Atlanta Medical Center

ADDRESS: 303 Parkway Drive NE

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Thomas E. Casady (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Thomas E. Casady **DATE** 12-9-14

ATTEST:

Kand. Wilson
TITLE: Contract Administrator
SEAL (Affix)

NOTARY PUBLIC: Oruida Stephens

COUNTY: Fulton County
MY COMMISSION EXPIRES: 9-5-2015

ATTEST:

FULTON COUNTY, GEORGIA

J.H.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 12-9-14
DATE: 1/27/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** _____

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Surgical Specialists of Atlanta Medical Center

ADDRESS: 303 Parkway Drive NE, Box 403

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Thomas E. Casaday (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Thomas E. Casaday **DATE** 12-9-14

ATTEST:

Ka D. Zee

NOTARY PUBLIC: Ouida Stephens

TITLE: Contract Administrator
SEAL (Affix)

COUNTY: Fulton County
MY COMMISSION EXPIRES: SEPTEMBER 9, 2015

ATTEST:

FULTON COUNTY, GEORGIA

J.H.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 1/27/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** _____

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Diagnostic Radiology & Ultrasound

ADDRESS: 755 Mount Vernon Highway

CITY: Atlanta

STATE: Georgia

ZIP: 30328

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Carolyn B. Dudley, M.D. (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Carolyn B. Dudley **DATE** 10-28-2014

ATTEST:

NOTARY PUBLIC: _____

TITLE: _____ **COUNTY:** _____
SEAL (Affix) **MY COMMISSION EXPIRES:** _____

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** 12/26/14

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: F&S Radiology, PC (Radisphere Group)

ADDRESS: 3700 Park East, Third Floor

CITY: Beachwood

STATE: Ohio

ZIP: 44122

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Beth Niewiadomski (Print)
(CEO, President, Vice President)
(Director, Billing Dept)

VENDOR'S SIGNATURE: Beth Niewiadomski **DATE** 10/29/14



JENNIFER CHERRY
NOTARY PUBLIC
FOR THE
STATE OF OHIO
My Commission Expires
December 6, 2017

NOTARY PUBLIC: Jennifer Cherry

COUNTY: Lake
MY COMMISSION EXPIRES: 12-6-17

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** 12/24/14

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Diagnostic Imaging Specialists, P. A.

ADDRESS: 6000 Lake Forrest Drive, Suite 475

CITY: Atlanta

STATE: Georgia

ZIP: 30328

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Fred Downs (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Fred Downs DATE 10/30/14

ATTEST:

Frieda O. Parks

NOTARY PUBLIC: Erica L. Damico

TITLE: _____
SEAL (Affix)

COUNTY: Forsyth
MY COMMISSION EXPIRES: 5-9-16

ATTEST:

FULTON COUNTY, GEORGIA

JH.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 1/13/2015

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris DATE 12/4/14

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 RCS 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Dr. Wendell O. Hackney

ADDRESS: 315 Boulevard NE, Suite 336

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Wendell Hackney (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: *Wendell Hackney* DATE 11/6/14

ATTEST:

NOTARY PUBLIC: *Karen H Segrest*

TITLE: _____
SEAL (Affix)

COUNTY: Clayton
MY COMMISSION EXPIRES:



ATTEST:

FULTON COUNTY, GEORGIA

J.H.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: *Patrice Harris* DATE 12/26/14

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 RCS 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Diagnostic Pathology Services, P. A.

ADDRESS: 500 Franklin Road

CITY: Atlanta

STATE: Georgia

ZIP: 30342

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: MALCOLM D. JOEL (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Melvin D. Joel **DATE** 11/5/14

ATTEST:

Sonya J. Brooks

TITLE:
SEAL (Affix)

NOTARY PUBLIC: Sonya J. Brooks

COUNTY: Fulton
MY COMMISSION EXPIRES: _____

Sonya J Brooks
Notary Public, Cherokee County, GA
My Commission Expires August 20, 2017

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** 12/1/14

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Isis OBGYN

ADDRESS: ~~401 South Main Street, Suite B-8~~ 1015 Mansell Rd.

CITY: Alpharetta Roswell

STATE: Georgia

ZIP: ~~30009~~ 30076

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Hughan Frederick (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: _____

DATE 4/06/14

ATTEST:

Anna E. Solesbee

NOTARY PUBLIC: Anna E. Solesbee

TITLE: Front Desk

COUNTY: Gwinnett

SEAL (Affix)

ANNA E SOLESBEE

MY COMMISSION EXPIRES: 8/22/17

ATTEST:

NOTARY PUBLIC

FULTON COUNTY, GEORGIA

GWINNETT COUNTY, GEORGIA

JHE **MY COMMISSION EXPIRES**

JOHN H. EAVES, CHAIRMAN

BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey

MARK MASSEY

CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: _____

DATE 12/14/14

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824

RECESS MEETING

RCS 10

115/2014



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Bostwick Laboratories, Inc.

ADDRESS: 100 Charles Lindbergh Blvd

CITY: Uniondale

STATE: New York

ZIP: 11553

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Martin J. Stefanelli (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] **DATE** 11-19-14

ATTEST:

[Signature] **NOTARY PUBLIC:** NEW YORK
TITLE: _____ **COUNTY:** Suffolk
SEAL (Affix) **MY COMMISSION EXPIRES:** 8/21/17

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION

Gerard E. Diffley
Notary Public, State of New York
No. 01DI5048259
Qualified in Suffolk County
Commission Expires August 21, 2017

DATE: 1/13/2015

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris M.D. (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] **DATE** 12/26/14

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 TO: December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Northside Hospital

ADDRESS: 1000 Johnson Ferry Road, Tower, Suite 1050

CITY: Atlanta

STATE: Georgia

ZIP: 30342

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

Terms and conditions during the renewal term shall be unchanged from those in effect immediately prior to renewal.

NAME: Janis Dubow VP (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Janis Dubow VP DATE 11-6-14
Northside Hospital

ATTEST:



NOTARY PUBLIC: _____

TITLE: _____
SEAL (Affix)

COUNTY: Gwinnett
MY COMMISSION EXPIRES: 3/15/2018

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: _____

DATE: 12/26/14

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 RCS 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Atlanta Pathology

ADDRESS: 315 Boulevard NE, Suite 240

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Richard Massey (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Richard Massey **DATE** 12/5/2014

ATTEST:

NOTARY PUBLIC: [Signature]

TITLE: _____
SEAL (Affix)

COUNTY: DEKALB
MY COMMISSION EXPIRES: 10/7/14

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 1/13/2015

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] **DATE** 12/26/14

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Pathology & Laboratory Medicine, P.C.

ADDRESS: 3300 Buckeye Road, Suite 178

CITY: Atlanta

STATE: Georgia

ZIP: 30341

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: John Koepke (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: _____ **DATE** 2/5/15

ATTEST:
Kathy Turner

NOTARY PUBLIC: _____
Kathy Turner
Notary Public
Gwinnett County, Georgia
My Comm. Expires
03/18/2016

TITLE: A/P MGR
SEAL (Affix)

COUNTY: _____
MY COMMISSION EXPIRES: _____

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 3/11/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 3/11/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: _____ **DATE** 2/28/15

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Grady Health System

ADDRESS: 80 Jesse Hill Drive SE, P.O. Box 26115

CITY: Atlanta

STATE: Georgia

ZIP: 30303

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: John Haupt (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] **DATE** 1/21/15

ATTEST:

[Signature]
TITLE: Assistant to the President
SEAL (Affix)

NOTARY PUBLIC: _____

COUNTY: _____

MY COMMISSION EXPIRES: _____

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 3/11/2015

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 3/11/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] **DATE** 2/2/15

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Northside Radiology Associates, P. C.

ADDRESS: 5775 Glenridge Drive NE, Building B, Suite 360

CITY: Atlanta

STATE: Georgia

ZIP: 30328

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Nancy Holland (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] DATE 2/20/15

ATTEST:

2/20/15



NOTARY PUBLIC: [Signature]

TITLE: _____
SEAL (Affix)

COUNTY: Fulton
MY COMMISSION EXPIRES: 6/3/16

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 3/26/2015

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 3/26/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] DATE _____

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 RCS 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS:

RENEWAL AMOUNT: \$ 88,915

COMPANY'S NAME: Tenet Health System, GB, Inc. d/b/a Atlanta Medical Center

ADDRESS: 303 Parkway Drive NE

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Thomas E. Casady (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Thomas E. Casady **DATE** 12-9-14

ATTEST:

Kand. Wilson
TITLE: Contract Administrator
SEAL (Affix)

NOTARY PUBLIC: Oruida Stephens

COUNTY: Fulton County
MY COMMISSION EXPIRES: 9-5-2015

ATTEST:

FULTON COUNTY, GEORGIA

J.H.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 12-9-14
DATE: 1/27/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** _____

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Surgical Specialists of Atlanta Medical Center

ADDRESS: 303 Parkway Drive NE, Box 403

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Thomas E. Casaday (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Thomas E. Casaday **DATE** 12-9-14

ATTEST:

Ka D. Zee

NOTARY PUBLIC: Ouida Stephens

TITLE: Contract Administrator
SEAL (Affix)

COUNTY: Fulton County
MY COMMISSION EXPIRES: SEPTEMBER 9, 2015

ATTEST:

FULTON COUNTY, GEORGIA

J.H.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 1/27/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** _____

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Diagnostic Radiology & Ultrasound

ADDRESS: 755 Mount Vernon Highway

CITY: Atlanta

STATE: Georgia

ZIP: 30328

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Carolyn B. Dudley, M.D. (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Carolyn B. Dudley **DATE** 10-28-2014

ATTEST:

NOTARY PUBLIC: _____

TITLE: _____ **COUNTY:** _____
SEAL (Affix) **MY COMMISSION EXPIRES:** _____

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** 12/26/14

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: F&S Radiology, PC (Radisphere Group)

ADDRESS: 3700 Park East, Third Floor

CITY: Beachwood

STATE: Ohio

ZIP: 44122

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Beth Niewiadomski (Print)
(CEO, President, Vice President)
(Director, Billing Dept)

VENDOR'S SIGNATURE: Beth Niewiadomski **DATE** 10/29/14



JENNIFER CHERRY
NOTARY PUBLIC
FOR THE
STATE OF OHIO
My Commission Expires
December 6, 2017

NOTARY PUBLIC: Jennifer Cherry

COUNTY: Lake
MY COMMISSION EXPIRES: 12-6-17

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris

DATE 12/24/14

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Diagnostic Imaging Specialists, P. A.

ADDRESS: 6000 Lake Forrest Drive, Suite 475

CITY: Atlanta

STATE: Georgia

ZIP: 30328

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Fred Downs (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Fred Downs DATE 10/30/14

ATTEST:

Frieda O. Parks

NOTARY PUBLIC: Erica L. Damico

TITLE: _____
SEAL (Affix)

COUNTY: Forsyth
MY COMMISSION EXPIRES: 5-9-16

ATTEST:

FULTON COUNTY, GEORGIA

JH.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 1/13/2015

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris DATE 12/4/14

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 RCS 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Dr. Wendell O. Hackney

ADDRESS: 315 Boulevard NE, Suite 336

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Wendell Hackney (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: *Wendell Hackney* DATE 11/6/14

ATTEST:

NOTARY PUBLIC: *Karen H Segrest*

TITLE: _____
SEAL (Affix)

COUNTY: Clayton
MY COMMISSION EXPIRES:



ATTEST:

FULTON COUNTY, GEORGIA

J.H.E.
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: *Patrice A. Harris* DATE 12/26/14

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 RCS 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Diagnostic Pathology Services, P. A.

ADDRESS: 500 Franklin Road

CITY: Atlanta

STATE: Georgia

ZIP: 30342

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: MALCOLM D. JOEL (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Melvin D. Joel **DATE** 11/5/14

ATTEST:

Sonya J. Brooks

TITLE:
SEAL (Affix)

NOTARY PUBLIC: Sonya J. Brooks

COUNTY: Fulton
MY COMMISSION EXPIRES: _____

Sonya J Brooks
Notary Public, Cherokee County, GA
My Commission Expires August 20, 2017

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: Patrice A. Harris **DATE** 12/1/14

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Isis OBGYN

ADDRESS: ~~401 South Main Street, Suite B-8~~ 1015 Mansell Rd.

CITY: Alpharetta Roswell

STATE: Georgia

ZIP: ~~30009~~ 30076

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Hughan Frederick (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: _____

DATE 4/06/14

ATTEST:

Anna E. Solesbee

NOTARY PUBLIC: Anna E. Solesbee

TITLE: Front Desk

COUNTY: Gwinnett

SEAL (Affix)

ANNA E SOLESBEE

MY COMMISSION EXPIRES: 8/22/17

ATTEST:

NOTARY PUBLIC

FULTON COUNTY, GEORGIA

GWINNETT COUNTY, GEORGIA

JHE **MY COMMISSION EXPIRES**

JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: _____

DATE 12/14/14

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824
RECESS MEETING

RCS 10/15/2014



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Bostwick Laboratories, Inc.

ADDRESS: 100 Charles Lindbergh Blvd

CITY: Uniondale

STATE: New York

ZIP: 11553

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Martin J. Stefanelli (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: [Signature] **DATE** 11-19-14

ATTEST:

[Signature] **NOTARY PUBLIC:** NEW YORK
TITLE: _____ **COUNTY:** Suffolk
SEAL (Affix) **MY COMMISSION EXPIRES:** 8/21/17

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION

Gerard E. Diffley
Notary Public, State of New York
No. 01DI5048259
Qualified in Suffolk County
Commission Expires August 21, 2017

DATE: 1/13/2015

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris M.D. (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] **DATE** 12/26/14

Please indicate if the following are provided:

- ☐ **BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.**
- ☐ **A copy of the current Certificate of Insurance must be attached to all renewals.**
- ☐ **Current Performance and Payment Bonds attached (If required)**
- ☐ **Minimum of four (4) signature pages required.**

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 TO: December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Northside Hospital

ADDRESS: 1000 Johnson Ferry Road, Tower, Suite 1050

CITY: Atlanta

STATE: Georgia

ZIP: 30342

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

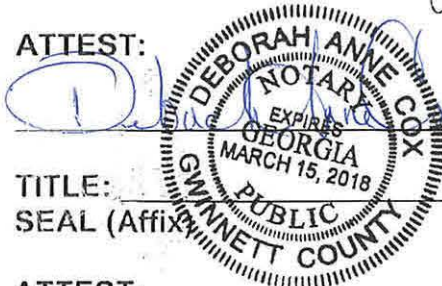
(Person signing must have signature authority for the company/corporation)

Terms and conditions during the renewal term shall be unchanged from those in effect immediately prior to renewal.

NAME: Janis Dubow VP (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Janis Dubow VP DATE 11-6-14
Northside Hospital

ATTEST:



NOTARY PUBLIC: _____

TITLE: _____
SEAL (Affix)

COUNTY: Gwinnett
MY COMMISSION EXPIRES: 3/15/2018

ATTEST:

FULTON COUNTY, GEORGIA

John H. Eaves
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

DATE: 1/13/2015

Mark Massey
MARK MASSEY
CLERK TO THE COMMISSION

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: _____

DATE: 12/26/14

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
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ITEM # 14-0824 RCS 10/15/2014
RECESS MEETING



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013; 1st renewal October 15, 2014

RENEWAL PERIOD: FROM: January 1, 2015 **TO:** December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$88,915.00

COMPANY'S NAME: Atlanta Pathology

ADDRESS: 315 Boulevard NE, Suite 240

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#

(Person signing must have signature authority for the company/corporation)

NAME: Richard Massey (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: Richard Massey **DATE** 12/5/2014

ATTEST:

NOTARY PUBLIC: [Signature]

TITLE: _____
SEAL (Affix)

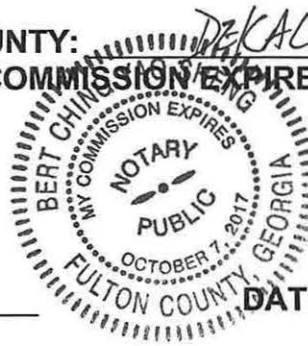
COUNTY: DEKALB
MY COMMISSION EXPIRES: 10/7/14

ATTEST:

FULTON COUNTY, GEORGIA

[Signature]
JOHN H. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS

[Signature]
MARK MASSEY
CLERK TO THE COMMISSION



DATE: 1/13/2015

DATE: 1/13/2015

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)

DEPARTMENT HEAD SIGNATURE: [Signature] **DATE** 12/26/14

Please indicate if the following are provided:

- ☐ BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- ☐ A copy of the current Certificate of Insurance must be attached to all renewals.
- ☐ Current Performance and Payment Bonds attached (If required)
- ☐ Minimum of four (4) signature pages required.

ITEM # 14-0824 **RCS** 10/15/2014
RECESS MEETING