# A SUITON COUNTY

### 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

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: Sho House (Print) (CEO, President, Vice President)
VENDOR'S SIGNATURE: DATE 1 21 15
MEANNEST: NOTARY PUBLIC:
TITLE: Assistant to the free ident COUNTY: SEAL (Affix)  MY COMMISSION EXPIRES:
ATTEST:
FULTON COUNTY, GEORGIA  DATE: 3 11 2015
JOHN H. EAVES CHAIRMAN BOARD OF COMMISSIONERS
JOHN H. EAVES CHAIRMAN BOARD OF COMMISSIONERS  MARK MASSEY  DATE: 3 11 20 15
CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE:
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.
<ul> <li>□ A copy of the current Certificate of Insurance must be attached to all renewals.</li> <li>□ Current Performance and Payment Bonds attached (If required)</li> <li>□ Minimum of four (4) signature pages required.</li> </ul>
ITEM # 14-0824 RCS 10 115 12014

**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

forth in the contract and specifications for Bid/RFP#	
(Person signing must have signature authority for the company/corporation)	
NAME: Nancy Holand (Print)	
(CEO, President, Vice President)	
VENDOR'S SIGNATURE: Sold DATE 2/20/15	
ATTEST:	
2/20/15 EXPIRES NOTARY PUBLIC: Library Allockel	
TITLE: June 3, 2016 : COLINITY: FILL + DA	
TITLE: June 3, 2016 SEAL (Affix)  SEAL (Affix)	
ATTEST:	
FULTON COUNTY, GEORGIA	
DATE: 3/26/2015	
JOHN M. EAVES, CHAIRMAN	
BOARD OF COMMISSIONERS	
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS  DATE: 3 26 2015  DATE: 3 26 2015	
CLERK TO THE COMMISSION	
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED	
BID/RFP:	
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)	
DEPARTMENT HEAD SIGNATURE:	
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.	
<ul> <li>Current Performance and Payment Bonds attached (If required)</li> <li>Minimum of four (4) signature pages required.</li> </ul>	
inimimum of four (4) signature pages required.	

ITEM # 14-0824 RCS 10 1151 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

forth in the contract and specifications for Bid/RF (Person signing must have signature authority for the company/or	P#
NAME: Momas E. Cusulary (Print) (CEO, President, Vice President)	
VENDOR'S SIGNATURE: Anomas 1. Canada	DATE 12-9-14
ATTEST:	
TITLE: Contract Alministrate COUNTY SEAL (Affix)  NOTAF	RY PUBLIC: Duida Stocken
TITLE: Contract Son in state country	: Gullon County
SEAL (Affix) MY COMM	IISSION EXPIRES: 45
ATTEST:	SOLUTION STREET
FULTON COUNTY, GEORGIA	DATE
JOHN H. EAVES, CHAIRMAN	TON CONTE
BOARD OF COMMISSIONERS	100000000000
mhansen	DATE: 127 2015
MARK MASSEY  CLERK TO THE COMMISSION	
DEPARTMENT AUTHORIZES RENEWAL OPTION OBID/RFP:	ON THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris, M.D. Print	
DEPARTMENT HEAD SIGNATURE: ////////////////////////////////////	The DATE
BOC Chairperson's signature required on renewa	Is \$ 50.000.00 or more or any Bid/RFP
previously approved by the Board of Commission	ers of Fulton County.
A copy of the current Certificate of Insurance mus	
Current Performance and Payment Bonds attache Minimum of four (4) signature pages required.	a (IT required)
inimitant of rout (+) signature pages required.	

ITEM # 14-0824 RCS 10 11512014
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

Vendor agrees to accept the renewal of forth in the contract and specifications (Person signing must have signature authority for the signatur	
NAME:	
VENDOR'S SIGNATURE: 1 Memas 2.	Carestay DATE 12-9-14
ATTEST:  Ya D. Zee	NOTARY PUBLIC: Duida Stophen
TITLE: Contract Allinistrate	COUNTY: 411102 County
SEAL (Affix)	MY COMMISSION EXPIRES:
ATTEST:	STADIO STADE STATE OF THE STATE
FULTON COUNTY, GEORGIA	DATE TUBLIC IN SE
JOHN H. EAVES, CHAIRMAN	COUNTY: INTE
BOARD OF COMMISSIONERS	200000000
MARK MASSEY 3	DATE: 1/27/2015
CLERK TO THE COMMISSION	
DEPARTMENT AUTHORIZES RENEWAL BID/RFP:	-OPTION ON THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris, N	7/4/A/1/11
DEPARTMENT HEAD SIGNATURE:  Please indicate if the following are provided  ROC Chairperson's signature required.	
previously approved by the Board of C	on renewals \$ 50,000.00 or more or any Bid/RFP Commissioners of Fulton County.
A copy of the current Certificate of Ins Current Performance and Payment Bo	urance must be attached to all renewals. nds attached (If required)
Minimum of four (4) signature pages re	equirea.

ITEM # 14-0824 RCS 10 115 12014
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

/endor agrees to accept the renewal option and abide by the terms and conditions set orth in the contract and specifications for Bid/RFP# Person signing must have signature authority for the company/corporation)
NAME: Carolyn 6. Dudley, ND (Print) (CEO, President, Vice President)
VENDOR'S SIGNATURE: Carely Solf DATE 10-28-2014
ATTEST:
NOTARY PUBLIC:
ITLE: COUNTY: SEAL (Affix) MY COMMISSION EXPIRES:
ATTEST:
DATE: 13/2015  OHN H. EAVES CHAIRMAN  BOARD OF COMMISSIONERS  DATE: 1/3/2015  DATE: 1/3/2015  DATE: 1/3/2015  DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
SID/RFP:
EPARTMENT HEAD SIGNATURE:  DATE  DEPARTMENT HEAD SIGNATURE:  DATE  DAT

ITEM # 14-0824 RCS 10 1 151 2014
RECESS MEETING

### FILLYON BOILINTY

### 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

Vendor agrees to accept the renewal op- forth in the contract and specifications (Person signing must have signature authority for t	
(CEO, President, Vice President)	int) <u>inadonok</u> DATE 10/29/14
JENNIFER CHERRY NOTARY PUBLIC FOR THE STATE OF OHIO My Commission Expires December 6, 2017	NOTARY PUBLIC:
ATTEST:	
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS MARK MASSEY CLERK TO THE COMMISSION	DATE: 1/13/2015  DATE: 1/13/2015
DEPARTMENT AUTHORIZES RENEWAL BID/RFP:	OPTION ON THE AFOREMENTIONED
previously approved by the Board of C	DATE DATE DATE DATE DATE DATE DATE DATE

ITEM # 14-6824 RCS 10 11513014
RECESS MEETING

### AUTON COUNTY

### 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

Vendor agrees to accept the renewal of forth in the contract and specifications (Person signing must have signature authority for	
NAME: <u>Red Downs</u> (P (CEO, President, Vice President	7.1
VENDOR'S SIGNATURE:	HOUR DATE 1030HA
ATTEST: Frieda O. Parks	NOTARY PUBLIC: Zecol Domi
TITLE: SEAL (Affix)	MY COMMISSION EXPIRES: 5-9-10
ATTEST:	MAY 8:
FULTON COUNTY, GEORGIA	2016 ** DATE: 1/3/2015
JOHN H. EAVES CHAIRMAN BOARD OF COMMISSIONERS	WAY POLITICAL
Mul Haradin	DATE: 1/13/2015
MARK MASSEY CLERK TO THE COMMISSION	
DEPARTMENT AUTHORIZES RENEWAL BID/RFP:	L OPTION ON THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris, I	(1) (Print)
previously approved by the Board of C A copy of the current Certificate of Ins Current Performance and Payment Bo	d on renewals \$ 50,000.00 or more or any Bid/RFP Commissioners of Fulton County. Surance must be attached to all renewals. Ands attached (If required)
Minimum of four (4) signature pages r	equirea.

ITEM # 14-0824 RCS 10 1151 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

forth in the contract and specifications for Bid/RFP# (Person signing must have signature authority for the company/corporation) NAME: Wendell Hackney (CEO, President, Vice President) VENDOR'S SIGNATURE: Washelf DATE 11/4/14 ATTEST: **NOTARY PUBLIC** COUNTY: Clayton TITLE: MY COMMISSION EXPIRE SEAL (Affix) 2016 ATTEST: **FULTON COUNTY, GEORGIA** JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSION MARK MASSEY CLERK TO THE COMMISSION DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP: DEPARTMENT HEAD: Patrice A. Harris, M.D. DEPARTMENT HEAD SIGNATURE: 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.

Vendor agrees to accept the renewal option and abide by the terms and conditions set

TEM # 14-0824 RCS 1011513014
RECESS MEETING

### DEPARTMENT OF HEALTH AND WELLNESS

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

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### 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

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: 11 60000000000000000000000000000000000
ATTEST:  NOTARY PUBLIC: SOLUTION BY SOCKS  TITLE:  SEAL (Affix)  ATTEST:  NOTARY PUBLIC: SOLUTION BY SOCKS  COUNTY: MY COMMISSION EXPIRES:  Sonya J Brooks  Notary Public, Cherokee County, GA  My Commission Expires August 20, 2017
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS  MARK MASSEY CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE:  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.

### SUITON COUNTY

### 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:** 

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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: Isis OBGYN

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

CITY: Alpharetta Roswell

STATE: Georgia

ZIP: 30009 30076

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 1/60/19
ATTEST:
<u>Unna &amp; Soluble</u> NOTARY PUBLIC: Anna E. Solesbo
TITLE: Fronthesk county: Gwinnett  SEAL (Affix) ANNA E SOLESBEET COMMISSION EXPIRES: 8 2217
ATTEST: NOTARY PUBLIC
FULTON COUNT GWINNET COUNTY, GEORGIA  MY COMMISSION EXPIRES  JOHN H. EAVES, CHAIRWIGUST 22, 2017  DATE: 1/13/2015
MY COMMISSION EXPIRES  JOHN H. EAVES, CHAIRWIGH ST 22, 2017  BOARD OF COMMISSIONERS  DATE: 1/13/2015
MARK MASSEY CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE:  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 11512014
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: Bostwick Laboratories, Inc.

ADDRESS: 100 Charles Lindbergh Blvd

CITY: Uniondale

STATE: New York

**ZIP:** 11553

Vendor agrees to accept the renewal opti forth in the contract and specifications for (Person signing must have signature authority for the	
NAME: Martin J. Stefanelli (Prir (CEO, President, Vice President)	nt)
VENDOR'S SIGNATURE:	DATE 11-19-14
ATTEST:	
Deal & An	NOTARY PUBLIC: NEW YORK
TITLE:	COUNTY: SUPPOICE
SEAL (Affix)	MY COMMISSION EXPIRES: Efze (17
ATTEST:	Gerard E. Diffley Notary Public, State of New York No. 01DI5048259
FULTON COUNTY, GEORGIA	Qualified in Suffolk County  Commission Expires August 24,
V648	DATE: 1/13/2015
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS	7.77
MARK MASSEY CLERK TO THE COMMISSION	DATE: 1/13/2015
DEPARTMENT AUTHORIZES RENEWAL BID/RFP:	OPTION ON THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris M.	Pil(Print) / 12/2 /
DEPARTMENT HEAD SIGNATURE:  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/0 11512014 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

Vendor agrees to accept the renewal option and abide by	the terms and conditions set
forth in the contract and enecifications for Rid/DED#	Tauras and soundistants division tha
(Person signing must have signature authority for the company/corporation	<sup>n)</sup> renewal term shall be unchanged
NAME: Jan's DUDON VP (Print)	from those in effect immediately
(CEO, President, Vice President)	prior to renewal.
VENDOR'S SIGNATURE: Javis Dubon VP DA  NORTH SIDE HOSATA	ATE 11-6-14
TITLE:  SEAL (Affix)  SEAL (Af	LIC:
ATTEST:	
JOHN H. EAVES, CHAIRMAN	DATE: 1/13/2015
BOARD OF COMMISSIONERS OF	1, ,
MARK MASSEY CLERK TO THE COMMISSION	DATE: 1/13/2015
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE BID/RFP:	AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)	12/2/
DEPARTMENT HEAD SIGNATURE:  Please indicate if the following are provided:  BOC Chairperson's signature required on renewals \$ 50,000 previously approved by the Board of Commissioners of Fill A copy of the current Certificate of Insurance must be attacled Current Performance and Payment Bonds attached (If required)  Minimum of four (4) signature pages required.	ulton County. ched to all renewals.

ITEM # 14-08 24 RCS 10 115 12014
RECESS MEETING

### EUTON COUNTY

### 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

Vendor agrees to accept the renewal option and abide by the terms and conditions se
forth in the contract and specifications for Bid/RFP#
(Person signing must have signature authority for the company/corporation)
NAME: Richard Mulo Shippint)
(CEO, President, Vice President)
(CLO, Fresident, vice Fresident)
VENDOR'S SIGNATURE: Reland / Lynet DATE 12/5/204
ATTEST:
NOTARY PUBLIC:
TITLE: COUNTY:
SEAL (Affix) MY COMMISSION EXPIRES: 10/7/14
ATTEST:
FULTON COUNTY, GEORGIA
MALE: 1/13/2010
JOHN H. EAVES, CHAIRMAN BOARD
BOARD OF COMMISSIONERS************************************
MM A 182 DATE: 1/13/2015
MARK MASSEY
CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE: DATE 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.
<ul> <li>Current Performance and Payment Bonds attached (If required)</li> <li>Minimum of four (4) signature pages required.</li> </ul>

ITEM # 14-0824 RCS 10 115 1 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

forth in the contract and specifications for Bid/RFP#  (Person signing must have signature authority for the company/corporation)		
NAME: Middle J. Kneer (Print) (CEO, President, Vice President)		
VENDOR'S SIGNATURE: Medul Knug DATE 1-21-15		
ATTEST:		
NOTARY PUBLIC: Melissa Arms		
SEAL (Affix)  COUNTY: Cobb MY COMMISSION EXPIRES: 10-1-18		
O PUBLIC OF THE ST.		
FULTON COUNTY, GEORGIA		
I S S S S S S S S S S S S S S S S S S S		
DATE: 3/11/2015		
JOHN H. EAVES, CHAIRMAN		
BOARD OF COMMISSIONERS		
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS  DATE: 311 2015		
CLERK TO THE COMMISSION		
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED		
BID/RFP:		
DEPARTMENT HEAD: Patrice A. Harris, M.D. Frin		
DEPARTMENT HEAD SIGNATURE: TOUTH 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.		

TEM # 14-0824 RCS/01/513014

### 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

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: Tohu Loghe (Print) (CEO, President, Vice President)
VENDOR'S SIGNATURE: DATE _ 7 (5 (15
ATTEST:  NOTARY PUBLIC:  NOTARY PUBLIC:  Notary Public  Gwinnett County, Georgia  My Comm. Expires  O3/18/2016  MY COMMISSION EXPIRES:  O3/18/2016
ATTEST:
JOHN H. EAVES; CHAIRMAN BOARD OF COMMISSIONERS  MARK MASSEY CLERK TO THE COMMISSION  DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris, M.D. (PAnt)
DEPARTMENT HEAD SIGNATURE:  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 # 14-08 24 RCS 10 1151 2014
RECESS MEETING

# SILTON COUNTY

### 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

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: Sho Hay pert (Print) (CEO, President, Vice President)		
VENDOR'S SIGNATURE: DATE 1/21/15  ATTEST:  Warnello Swar NEa  NOTARY PUBLIC:		
TITLE: Assistant to the President COUNTY: SEAL (Affix)  MY COMMISSION EXPIRES:		
ATTEST:		
FULTON COUNTY, GEORGIA  DATE: 3 11 2015		
JOHN H. EAVES CHAIRMAN BOARD OF COMMISSIONERS  MARK MASSEY CLERK TO THE COMMISSION		
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:		
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)		
DEPARTMENT HEAD SIGNATURE:		
ITEM # 14-0824 RCS 10 115 12014 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

forth in the contract and specifications for Bid/RFP#		
(Person signing must have signature authority for the company/corporation)		
NAME: Nancy Holand (Print)		
(CEO, President, Vice President)		
VENDOR'S SIGNATURE: Sold DATE 2/20/15		
ATTEST:		
2/20/15 EXPIRES NOTARY PUBLIC: Library Allockel		
TITLE: June 3, 2016 : COLINITY: FILL + DA		
TITLE: June 3, 2016 SEAL (Affix)  SEAL (Affix)		
ATTEST:		
FULTON COUNTY, GEORGIA		
DATE: 3/26/2015		
JOHN M. EAVES, CHAIRMAN		
BOARD OF COMMISSIONERS		
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS  DATE: 3 26 2015  DATE: 3 26 2015		
CLERK TO THE COMMISSION		
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED		
BID/RFP:		
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)		
DEPARTMENT HEAD SIGNATURE:		
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.		
<ul> <li>Current Performance and Payment Bonds attached (If required)</li> <li>Minimum of four (4) signature pages required.</li> </ul>		
inimimum of four (4) signature pages required.		

ITEM # 14-0824 RCS 10 1151 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:

forth in the contract and specifications for Bid/RFP# (Person signing must have signature authority for the company/corp		
NAME: Momas E. Cusulary (Print) (CEO, President, Vice President)		
VENDOR'S SIGNATURE: Momas 1. Canaday	DATE 12-9-14	
ATTEST:		
Kand. Wein NOTARY	PUBLIC: Duida Stocken	
TITLE: Contract Son in State COUNTY: MY COMMIS	Lutton County	
SEAL (Affix) MY COMMIS	SION EXPIRES: 45 TOTAL	
ATTEST:	THE POPULATION OF THE POPULATI	
FULTON COUNTY, GEORGIA	DATE	
JOHN H. EAVES, CHAIRMAN	THE FULTON CONTE	
BOARD OF COMMISSIONERS	20000000000	
now have a	DATE: 1/27/2015	
MARK MASSEY CLERK TO THE COMMISSION	70 (	
DEPARTMENT AUTHORIZES RENEWAL OPTION ON BID/RFP:	THE AFOREMENTIONED	
DEPARTMENT HEAD: Patrice A. Harris, M.D. Print		
Please indicate if the following are provided:	DATE	
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.		
<ul> <li>A copy of the current Certificate of Insurance must be attached to all renewals.</li> <li>Current Performance and Payment Bonds attached (If required)</li> <li>Minimum of four (4) signature pages required.</li> </ul>		
Initiality of tour (+) signature pages required.		

ITEM # 14-0824 RCS 10 11512014
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

Vendor agrees to accept the renewal of forth in the contract and specifications (Person signing must have signature authority for the signatur	
NAME:	
VENDOR'S SIGNATURE: 1 Memas 2.	Carestay DATE 12-9-14
ATTEST:  Ya D. Zee	NOTARY PUBLIC: Duida Stophen
TITLE: Contract Allinistrate	COUNTY: 411102 County
SEAL (Affix)	MY COMMISSION EXPIRES:
ATTEST:	STADIO STADE STATE OF THE STATE
FULTON COUNTY, GEORGIA	DATE TUBLIC IN SE
JOHN H. EAVES, CHAIRMAN	COUNTY: INTE
BOARD OF COMMISSIONERS	200000000
MARK MASSEY 3	DATE: 1/27/2015
CLERK TO THE COMMISSION	
DEPARTMENT AUTHORIZES RENEWAL BID/RFP:	-OPTION ON THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris, N	7/4/A/1/11
DEPARTMENT HEAD SIGNATURE:  Please indicate if the following are provided  ROC Chairperson's signature required.	
previously approved by the Board of C	on renewals \$ 50,000.00 or more or any Bid/RFP Commissioners of Fulton County.
A copy of the current Certificate of Ins Current Performance and Payment Bo	urance must be attached to all renewals. nds attached (If required)
Minimum of four (4) signature pages re	equirea.

ITEM # 14-0824 RCS 10 115 12014
RECESS MEETING

# FULTON COUNTY

#### 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

/endor agrees to accept the renewal option and abide by the terms and conditions set orth in the contract and specifications for Bid/RFP# Person signing must have signature authority for the company/corporation)
NAME: Carolyn 6. Dudley, ND (Print) (CEO, President, Vice President)
VENDOR'S SIGNATURE: Carely Solf DATE 10-28-2014
ATTEST:
NOTARY PUBLIC:
ITLE: COUNTY: SEAL (Affix) MY COMMISSION EXPIRES:
ATTEST:
DATE: 13/2015  OHN H. EAVES CHAIRMAN  BOARD OF COMMISSIONERS  DATE: 1/3/2015  DATE: 1/3/2015  DATE: 1/3/2015  DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
SID/RFP:
EPARTMENT HEAD SIGNATURE:  DATE  DEPARTMENT HEAD SIGNATURE:  DATE  DAT

ITEM # 14-0824 RCS 10 1 151 2014
RECESS MEETING

### FILLYON BOILINTY

#### 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

Vendor agrees to accept the renewal op- forth in the contract and specifications (Person signing must have signature authority for t	
(CEO, President, Vice President)	int) <u>inadonok</u> DATE 10/29/14
JENNIFER CHERRY NOTARY PUBLIC FOR THE STATE OF OHIO My Commission Expires December 6, 2017	NOTARY PUBLIC:
ATTEST:	
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS MARK MASSEY CLERK TO THE COMMISSION	DATE: 1/13/2015  DATE: 1/13/2015
DEPARTMENT AUTHORIZES RENEWAL BID/RFP:	OPTION ON THE AFOREMENTIONED
previously approved by the Board of C	DATE DATE DATE DATE DATE DATE DATE DATE

ITEM # 14-6824 RCS 10 11513014
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

Vendor agrees to accept the renewal of forth in the contract and specifications (Person signing must have signature authority for	
NAME: <u>Red Downs</u> (P (CEO, President, Vice President	7.1
VENDOR'S SIGNATURE:	HOUR DATE 1030HA
ATTEST: Friedo O. Parke	NOTARY PUBLIC: Zecol Domi
TITLE: SEAL (Affix)	MY COMMISSION EXPIRES: 5-9-10
ATTEST:	MAY 8:
FULTON COUNTY, GEORGIA	2016 ** DATE: 1/3/2015
JOHN H. EAVES CHAIRMAN BOARD OF COMMISSIONERS	WAY POLITICAL
Mul Haradin	DATE: 1/13/2015
MARK MASSEY CLERK TO THE COMMISSION	
DEPARTMENT AUTHORIZES RENEWAL BID/RFP:	L OPTION ON THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris, I	(1) (Print)
previously approved by the Board of C A copy of the current Certificate of Ins Current Performance and Payment Bo	d on renewals \$ 50,000.00 or more or any Bid/RFP Commissioners of Fulton County. Surance must be attached to all renewals. Ands attached (If required)
Minimum of four (4) signature pages r	equirea.

ITEM # 14-0824 RCS 10 1151 2014
RECESS MEETING

### FILTON COUNTY

#### 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

forth in the contract and specifications for Bid/RFP# (Person signing must have signature authority for the company/corporation) NAME: Wendell Hackney (CEO, President, Vice President) VENDOR'S SIGNATURE: Washelf DATE 11/4/14 ATTEST: **NOTARY PUBLIC** COUNTY: Clayton TITLE: MY COMMISSION EXPIRE SEAL (Affix) 2016 ATTEST: **FULTON COUNTY, GEORGIA** JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSION MARK MASSEY CLERK TO THE COMMISSION DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP: DEPARTMENT HEAD: Patrice A. Harris, M.D. DEPARTMENT HEAD SIGNATURE: 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.

Vendor agrees to accept the renewal option and abide by the terms and conditions set

ITEM # 14-0824 RCS 1011512014

### AUTON COUNTY

#### 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

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: 11 60000000000000000000000000000000000
ATTEST:  NOTARY PUBLIC: SOLUTION BY SOCKS  TITLE:  SEAL (Affix)  ATTEST:  NOTARY PUBLIC: SOLUTION BY SOCKS  COUNTY: MY COMMISSION EXPIRES:  Sonya J Brooks  Notary Public, Cherokee County, GA  My Commission Expires August 20, 2017
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS  MARK MASSEY CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE:  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.

### SUITON COUNTY

#### 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

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 1/60/19
ATTEST:
<u>Unna &amp; Soluble</u> NOTARY PUBLIC: Anna E. Solesbo
TITLE: Fronthesk county: Gwinnett  SEAL (Affix) ANNA E SOLESBEET COMMISSION EXPIRES: 8 2217
ATTEST: NOTARY PUBLIC
FULTON COUNT GWINNET COUNTY, GEORGIA  MY COMMISSION EXPIRES  JOHN H. EAVES, CHAIRWIGUST 22, 2017  DATE: 1/13/2015
MY COMMISSION EXPIRES  JOHN H. EAVES, CHAIRWIGH ST 22, 2017  BOARD OF COMMISSIONERS  DATE: 1/13/2015
MARK MASSEY CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE:  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 11512014
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: Bostwick Laboratories, Inc.

ADDRESS: 100 Charles Lindbergh Blvd

CITY: Uniondale

STATE: New York

**ZIP:** 11553

Vendor agrees to accept the renewal opti forth in the contract and specifications for (Person signing must have signature authority for the	
NAME: Martin J. Stefanelli (Prir (CEO, President, Vice President)	nt)
VENDOR'S SIGNATURE:	DATE 11-19-14
ATTEST:	
Deal & An	NOTARY PUBLIC: NEW YORK
TITLE:	COUNTY: SUPPOICE
SEAL (Affix)	MY COMMISSION EXPIRES: Efze (17
ATTEST:	Gerard E. Diffley Notary Public, State of New York No. 01DI5048259
FULTON COUNTY, GEORGIA	Qualified in Suffolk County  Commission Expires August 24,
V648	DATE: 1/13/2015
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS	7.77
MARK MASSEY CLERK TO THE COMMISSION	DATE: 1/13/2015
DEPARTMENT AUTHORIZES RENEWAL BID/RFP:	OPTION ON THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris M.	Pil(Print) / 12/2 /
DEPARTMENT HEAD SIGNATURE:  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/0 11512014 RECESS MEETING

### FULTON COUNTY

#### 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

Vendor agrees to accept the renewal option and abide by	the terms and conditions set
forth in the contract and enecifications for Rid/DED#	Tauras and soundistants division tha
(Person signing must have signature authority for the company/corporation	<sup>n)</sup> renewal term shall be unchanged
NAME: Jan's DUDON VP (Print)	from those in effect immediately
(CEO, President, Vice President)	prior to renewal.
VENDOR'S SIGNATURE: Javis Dubon VP DA  NORTH SIDE HOSATA	ATE 11-6-14
TITLE:  SEAL (Affix)  SEAL (Af	LIC:
ATTEST:	
JOHN H. EAVES, CHAIRMAN	DATE: 1/13/2015
BOARD OF COMMISSIONERS OF	1, ,
MARK MASSEY CLERK TO THE COMMISSION	DATE: 1/13/2015
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE BID/RFP:	AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)	12/2/
DEPARTMENT HEAD SIGNATURE:  Please indicate if the following are provided:  BOC Chairperson's signature required on renewals \$ 50,000 previously approved by the Board of Commissioners of Fill A copy of the current Certificate of Insurance must be attacled Current Performance and Payment Bonds attached (If required)  Minimum of four (4) signature pages required.	ulton County. ched to all renewals.

ITEM # 14-08 24 RCS 10 115 12014
RECESS MEETING

## EUTON COUNTY

#### 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

Vendor agrees to accept the renewal option and abide by the terms and conditions se
forth in the contract and specifications for Bid/RFP#
(Person signing must have signature authority for the company/corporation)
NAME: Richard Mulo Shipping)
(CEO, President, Vice President)
(CLO, Fresident, vice Fresident)
VENDOR'S SIGNATURE: Reland / Lynet DATE 12/5/204
ATTEST:
NOTARY PUBLIC:
TITLE: COUNTY:
SEAL (Affix) MY COMMISSION EXPIRES: 10/7/14
ATTEST:
FULTON COUNTY, GEORGIA
MALE: 1/13/2010
JOHN H. EAVES, CHAIRMAN BOARD
BOARD OF COMMISSIONERS************************************
MM A 183 2015
MARK MASSEY
CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE: DATE 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.
<ul> <li>Current Performance and Payment Bonds attached (If required)</li> <li>Minimum of four (4) signature pages required.</li> </ul>

ITEM # 14-0824 RCS 10 115 1 2014
RECESS MEETING

# FULTON COUNTY

#### 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

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: Tohu Loghe (Print) (CEO, President, Vice President)
VENDOR'S SIGNATURE: DATE _ 7 (5 (15
ATTEST:  NOTARY PUBLIC:  Notary Public  Gwinnett County, Georgia  My Comm. Expires  SEAL (Affix)  MY COMMISSION EXPIRES:  """  """  """  """  """  """  """
ATTEST:
JOHN H. EAVES; CHAIRMAN BOARD OF COMMISSIONERS  MARK MASSEY CLERK TO THE COMMISSION  DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris, M.D. (PAnt)
DEPARTMENT HEAD SIGNATURE:  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 # 14-08 24 RCS 10 1151 2014
RECESS MEETING

# SILTON COUNTY

#### 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

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: Sho Hay pert (Print) (CEO, President, Vice President)
VENDOR'S SIGNATURE: DATE 1/21/15  ATTEST:  HEUNIELLE SWALDER NOTARY PUBLIC:
TITLE: Assistant to the President COUNTY: SEAL (Affix)  MY COMMISSION EXPIRES:
ATTEST:
FULTON COUNTY, GEORGIA  DATE: 3 11 2015
JOHN H. EAVES CHAIRMAN BOARD OF COMMISSIONERS  MARK MASSEY CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE:
ITEM # 14-0824 RCS 10 115 12014 RECESS MEETING

# FULTON COUNTY

#### 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

forth in the contract and specifications for Bid/RFP#
(Person signing must have signature authority for the company/corporation)
NAME: Nancy Holand (Print)
(CEO, President, Vice President)
VENDOR'S SIGNATURE: Sold DATE 2/20/15
ATTEST:
2/20/15 EXPIRES NOTARY PUBLIC: Library Allockel
TITLE: June 3, 2016 : COLINITY: FILL + DA
TITLE: June 3, 2016 SEAL (Affix)  SEAL (Affix)
ATTEST:
FULTON COUNTY, GEORGIA
DATE: 3/26/2015
JOHN M. EAVES, CHAIRMAN
BOARD OF COMMISSIONERS
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS  DATE: 3 26 2015  DATE: 3 26 2015
CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE:
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.
<ul> <li>Current Performance and Payment Bonds attached (If required)</li> <li>Minimum of four (4) signature pages required.</li> </ul>
inimimum of four (4) signature pages required.

ITEM # 14-0824 RCS 10 1151 2014
RECESS MEETING

# FULTON COUNTY

#### 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

forth in the contract and specifications for Bid/RFF (Person signing must have signature authority for the company/co	P#
NAME: Momas E. Cusulary (Print) (CEO, President, Vice President)	
VENDOR'S SIGNATURE: Nomo 1. Canada	DATE 12-9-14
ATTEST:	
Kand. Wein NOTAR	Y PUBLIC: Duida Stocken
TITLE: Contract Alministrate COUNTY: SEAL (Affix)  NOTAR  NOTAR  NOTAR	Gullon County
SEAL (Affix) MY COMM	ISSION EXPIRES: 4 5 1
ATTEST:	THE NO.
FULTON COUNTY, GEORGIA	DATE
JOHN H. EAVES, CHAIRMAN	THE FULTON CONTRA
BOARD OF COMMISSIONERS	The state of the s
Muhansein	DATE: 127 2015
MARK MASSEY CLERK TO THE COMMISSION	
DEPARTMENT AUTHORIZES RENEWAL OPTION OBID/RFP:	N THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris, M.D. Printy	1/2
DEPARTMENT HEAD SIGNATURE:  Please indicate if the following are provided:	DATE
BOC Chairperson's signature required on renewal	s \$ 50.000.00 or more or any Bid/RFP
previously approved by the Board of Commission	ers of Fulton County.
A copy of the current Certificate of Insurance must be attached to all renewals.	
Current Performance and Payment Bonds attached Minimum of four (4) signature pages required.	d (If required)
willing of rour (+) signature pages required.	

ITEM # 14-0824 RCS 10 11512014
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

Vendor agrees to accept the renewal of forth in the contract and specifications (Person signing must have signature authority for	
NAME:	
VENDOR'S SIGNATURE: 1 Memos E.	Careday DATE 12-9-14
ATTEST:  Ya D. Zee	NOTARY PUBLIC: Duida Stophen
TITLE: Contract Alministrate	COUNTY: FILLOW COUNTY
SEAL (Affix)	MY COMMISSION EXPIRES:
ATTEST:	STAN THE PROPERTY OF THE PROPE
FULTON COUNTY, GEORGIA	DATE TUBLIC & S
JOHN H. EAVES, CHAIRMAN	COUNTY: MINE
BOARD OF COMMISSIONERS	200000000
MARK MASSEY	DATE: 1/27/2015
CLERK TO THE COMMISSION	/
DEPARTMENT AUTHORIZES RENEWA BID/RFP:	LOPTION ON THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Harris,	7/UMANIU
DEPARTMENT HEAD SIGNATURE:  Please indicate if the following are provided  ROC Chairperson's signature required	
previously approved by the Board of	d on renewals \$ 50,000.00 or more or any Bid/RFP Commissioners of Fulton County.
A copy of the current Certificate of Ins Current Performance and Payment Bo	surance must be attached to all renewals. onds attached (If required)
Minimum of four (4) signature pages i	equirea.

ITEM # 14-0824 RCS 10 115 12014
RECESS MEETING

# FULTON COUNTY

#### 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

/endor 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 6. Dudley, MD (Print) (CEO, President, Vice President)
/ENDOR'S SIGNATURE: Carolyntholy 100 DATE 10-28-2014
ATTEST:
NOTARY PUBLIC:
TITLE: COUNTY: SEAL (Affix) MY COMMISSION EXPIRES:
ATTEST:
DATE: 13/2015  OHN H. EAVES, CHAIRMAN  BOARD OF COMMISSIONERS  DATE: 1/3/2015  DATE: 1/3/2015  DATE: 1/3/2015  DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
SID/RFP:
BEPARTMENT HEAD SIGNATURE:  Dease 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 1 151 2014
RECESS MEETING

### FILTON COUNTY

#### 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

Vendor agrees to accept the renewal op- forth in the contract and specifications (Person signing must have signature authority for t	
(CEO, President, Vice President)	int) <u>inadonok</u> DATE 10/29/14
JENNIFER CHERRY NOTARY PUBLIC FOR THE STATE OF OHIO My Commission Expires December 6, 2017	NOTARY PUBLIC:
ATTEST:	
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS MARK MASSEY CLERK TO THE COMMISSION	DATE: 1/13/2015  DATE: 1/13/2015
DEPARTMENT AUTHORIZES RENEWAL BID/RFP:	OPTION ON THE AFOREMENTIONED
previously approved by the Board of C	DATE DATE DATE DATE DATE DATE DATE DATE

ITEM # 14-6824 RCS 10 11513014
RECESS MEETING

### AUTON COUNTY

#### 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

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: Red Downs (Print) (CEO, President, Vice President)
VENDOR'S SIGNATURE: Free Low DATE 103044
ATTEST:  Trieda O. Parks  NOTARY PUBLIC: Frank Deliver
TITLE: COUNTY: Fory SEAL (Affix) MY COMMISSION EXPIRES: 5-9-16
ATTEST:
FULTON COUNTY, GEORGIA  * 3 2016  DATE: 1/3/2015
JOHN H. EAVES CHAIRMAN BOARD OF COMMISSIONERS
Mul   DATE: 1/13/2015
MARK MASSEY CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE:  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 1151 2014
RECESS MEETING

# FILTON COUNTY

# 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

forth in the contract and specifications for Bid/RFP# (Person signing must have signature authority for the company/corporation) NAME: Wendell Hackney (CEO, President, Vice President) VENDOR'S SIGNATURE: Washelf DATE 11/4/14 ATTEST: **NOTARY PUBLIC** COUNTY: Clayton TITLE: MY COMMISSION EXPIRE SEAL (Affix) 2016 ATTEST: **FULTON COUNTY, GEORGIA** JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSION MARK MASSEY CLERK TO THE COMMISSION DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP: **DEPARTMENT HEAD:** Patrice A. Harris, M.D. DEPARTMENT HEAD SIGNATURE: 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.

Vendor agrees to accept the renewal option and abide by the terms and conditions set

ITEM # 14-0824 RCS 1011512014

# AUTON COUNTY

### 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

Vendor agrees to accept the renewal option and abide by the terms and conditions se 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: 11 OCCOMBED DATE 11 SIA
ATTEST:  NOTARY PUBLIC: SOLUÇUJ. BYDOKS  TITLE: SEAL (Affix)  ATTEST:  NOTARY PUBLIC: SOLUÇUJ. BYDOKS  COUNTY: MY COMMISSION EXPIRES: Sonya J Brooks Notary Public, Cherokee County, GA My Commission Expires August 20, 2017
JOHN H. EAVES, CHARMAN BOARD OF COMMISSIONERS  MARK MASSEY CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE:  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.

# SULTON COUNTY

## 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

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 1 66 1
ATTEST:
<u>Una &amp; Soluble</u> NOTARY PUBLIC: Anna E. Solesbe
TITLE: Fronthesk county: Gwinnett
TITLE: Front Nesk county: Gwinnett SEAL (Affix) ANNA E SOLESBEET COMMISSION EXPIRES: 8 22 17
ATTEST: NOTARY PUBLIC
FULTON COUNT GUINET COUNTY, GEORGIA  MY COMMISSION EXPIRES  JOHN H. EAVES, CHAIRWIGH ST 22, 2017  BOARD OF COMMISSIONERS  MARK MASSEY  DATE: 1/13/2015
CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE: DATE DATE DATE DATE DATE DATE DATE 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.
<ul> <li>□ A copy of the current Certificate of Insurance must be attached to all renewals.</li> <li>□ Current Performance and Payment Bonds attached (If required)</li> </ul>
Minimum of four (4) signature pages required.

ITEM # 14-0824 RCS 10 11512014
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: Bostwick Laboratories, Inc.

ADDRESS: 100 Charles Lindbergh Blvd

CITY: Uniondale

STATE: New York

**ZIP:** 11553

Vendor agrees to accept the renewal opti forth in the contract and specifications for (Person signing must have signature authority for the		
NAME: Martin J. Stefanelli (Prir (CEO, President, Vice President)	nt)	
VENDOR'S SIGNATURE:	DATE 11-19-14	
ATTEST:		
Deal & An	NOTARY PUBLIC: NEW YORK	
TITLE:	COUNTY: SUPPOICE	
SEAL (Affix)	MY COMMISSION EXPIRES: E/21/17	
ATTEST:	Gerard E. Diffley Notary Public, State of New York No. 01DI5048259	
FULTON COUNTY, GEORGIA	Qualified in Suffolk County  Commission Expires August 24,	
V648	DATE: 1/13/2015	
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS	7.77	
MARK MASSEY CLERK TO THE COMMISSION	DATE: 1/13/2015	
DEPARTMENT AUTHORIZES RENEWAL BID/RFP:	OPTION ON THE AFOREMENTIONED	
DEPARTMENT HEAD: Patrice A. Harris M.	Pyl(Print) / 12/2 /	
DEPARTMENT HEAD SIGNATURE:  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/0 11512014 RECESS MEETING	

# EULTON COUNTY

#### 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

Vendor agrees to accept the renewal option and abide by	the terms and conditions set	
forth in the contract and specifications for Bid/RFP#	Terms and conditions during the	
(Person signing must have signature authority for the company/corporation	<sup>n)</sup> renewal term shall be unchanged	
NAME: Jan's Dubon VP (Print)	from those in effect immediately	
(CEO, President, Vice President)	prior to renewal.	
ATTEST:  NOTARY PUBLIC MY COMMISSION  ATTEST:  MY COMMISSION	LIC:	
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS  MARK MASSEY CLERK TO THE COMMISSION	DATE: 1/13/2015	
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE BID/RFP:	AFOREMENTIONED	
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)  DEPARTMENT HEAD SIGNATURE:	DATE	
Please indicate if the following are provided:		
BOC Chairperson's signature required on renewals \$ 50,00		
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.	2006 1220	

ITEM # 14-08 24 RCS 10 115 12014
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

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 Mulo Steprint)
(CEO, President, Vice President)
(CLO, Fresident, vice Fresident)
VENDOR'S SIGNATURE: Reliand / Layret DATE 12/5/204
ATTEST:
NOTARY PUBLIC:
TITLE: COUNTY:
SEAL (Affix) MY COMNISSION EXPIRES: 10/7/14
ATTEST:
FULTON COUNTY, GEORGIA
MALE MATE: 1/13/2010
JOHN H. EAVES, CHAIRMAN BOAR BOAR
BOARD OF COMMISSIONERS************************************
MM A 13 2015
MARK MASSEY
CLERK TO THE COMMISSION
DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED
BID/RFP:
DEPARTMENT HEAD: Patrice A. Harris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE: DATE 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.
<ul> <li>Current Performance and Payment Bonds attached (If required)</li> <li>Minimum of four (4) signature pages required.</li> </ul>

ITEM # 14-0824 RCS 10 115 1 2014
RECESS MEETING