

**MUTUAL TERMINATION AGREEMENT BETWEEN ALACHUA COUNTY AND HCA,  
NORTH FLORIDA REGIONAL MEDICAL CENTER**

This Mutual Termination Agreement (this “Agreement”) by and between the Board of County Commissioners of Alachua County (hereinafter referred to as "County") and HCA, North Florida Regional Medical Center (hereinafter referred to as "Facility"). Collectively the Facility and the County are referred to as “Parties” or individually “Party”

**WHEREAS**, the Parties entered into an Agreement for Ambulance and Non-Medical Transportation Services dated October 10, 2022 (the “Agreement”); and

**WHEREAS**, the Parties have mutually agreed to terminate the Agreement.

**NOW, THEREFORE**, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt of which is acknowledged, the Parties agree as follows:

1. Notwithstanding the timeline contained in Section 6 of the Agreement, titled Termination, the Parties mutually agree to terminate the Agreement effective May 1, 2023.
2. The Parties agree to fulfill all duties and responsibilities of the Agreement until the above referenced date of termination.
3. Pursuant to Section 4 of the Agreement, titled Billing and Compensation, the Facility shall make required payments to the County for services rendered up to above referenced termination date, which are correctly invoiced by the County, regardless of the invoice completion date being after the above referenced termination date.
4. The parties agree that standard rates apply, effective May 1, 2023.

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be executed on the respective dates under each signature: Alachua County, Florida, through its representative who is authorized to sign, and by Contractor, through its duly authorized representative.

**North Florida Regional Medical Center**

**ALACHUA COUNTY, FLORIDA**

By. \_\_\_\_\_

By. \_\_\_\_\_

Print. \_\_\_\_\_

Print. Anna Prizzia

Title. \_\_\_\_\_

Title. Chair

Date. \_\_\_\_\_

Date. \_\_\_\_\_

Approved as to Form

Alachua County Attorney