

AMENDMENT TO AFFILIATION AGREEMENT

THIS AMENDMENT TO AFFILIATION AGREEMENT ("Amendment"), by and between **The School Board of Broward County, Florida** ("Educational Institution") and the **North Broward Hospital District d/b/a Broward Health**, a special taxing district of the State of Florida, ("Broward Health") takes effect August 20, 2012 ("Effective Date").

RECITALS

WHEREAS, Broward Health and Educational Institution entered into a certain Affiliation Agreement ("Agreement") effective August 20, 2009 through August 19, 2012 ("Term"); and

WHEREAS, the parties agree to amend the Agreement as set forth herein, and now wish to reduce the terms of their agreement to writing.

THEREFORE, in consideration of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

- I. RECITALS:** The foregoing recitals are true and correct in all respects and are incorporated herein by reference.
- II.** Section 4.1 of the Agreement, and as referenced in the Affiliation Summary Section, is amended to include the following language: The Term is extended for a period of two (2) years, extending up to and including August 19, 2014 ("Extended Term"), subject however to prior termination only as herein provided.

III. NO OTHER CHANGES.

Except as modified by this Amendment, all terms, covenants, obligations and provisions of the Agreement shall remain unaltered, shall continue in full force and effect, and are hereby ratified, approved and confirmed by the parties in every respect. If the terms and conditions set forth in this Amendment shall directly conflict with any provision contained in the Agreement, then this Amendment shall control.

IN WITNESS WHEREOF, the parties have signed this Amendment to Affiliation Agreement to be effective as of the Effective Date.

**NORTH BROWARD HOSPITAL DISTRICT
D/B/A BROWARD HEALTH**

By: _____
Robert K. Martin, Senior VP/CFO

Date: _____

**THE SCHOOL BOARD OF
BROWARD COUNTY, FLORIDA**

By: _____
Print Name:

Date: _____

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(Corporate Seal)


THE SCHOOL BOARD OF
BROWARD COUNTY, FLORIDA

ATTEST:

By _____
Ann Murray, *Chair*

Robert W. Runcie,
Superintendent of Schools

Approved as to Form and Legal Content:


Office of the General Counsel