

Attachment

**AMENDMENT NO. 3 TO**  
**PROFESSIONAL MEDICAL SERVICES AGREEMENT DATED JULY 1, 2008**  
**WITH JOHN R. HAIN, M.D.**

This is an amendment to the Professional Medical Services Agreement No. A11139 between the County of Monterey and John R. Hain, M.D., with an effective date of July 1, 2008 (the "subject contract"). The date of this amendment for references purposes is June 1, 2012.

WHEREAS, this Agreement was previously amended on March 15, 2011 via Amendment No.1, and on July 1, 2011 via Amendment No. 2;and

WHEREAS, the County of Monterey and John R. Hain, M.D. wish to amend the Agreement to extend the term for up to one additional year as needed.

NOW THEREFORE, the County of Monterey and John R. Hain, M.D. agree to amend the Agreement in the following manner:

1. Section 8.1 "General Provision" is amended to read as follows: "Subject to the provisions contained herein, this Agreement shall commence on July 1, 2008 and remain in full force and effect monthly through June 30, 2012. After June 30, 2012, the term shall continue on a month to month basis as needed for up to one year through and including June 30, 2013. County of Monterey shall notify John R. Hain, M.D. thirty (30) days in advance when the services per this Agreement are no longer needed".
2. All other terms and conditions in the existing agreement, as amended, remain in full force and effect.

*---This space left blank intentionally---*

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Amendment No. 3 as of the day and year written below.

COUNTY OF MONTEREY

By: \_\_\_\_\_  
Contracts/Purchasing Officer

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Department Head (if applicable)

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Board of Supervisors (if applicable)

Date: \_\_\_\_\_

Approved as to Form<sup>1</sup>

By: \_\_\_\_\_  
County Counsel

Date: \_\_\_\_\_

Approved as to Fiscal Provisions<sup>2</sup>

By: \_\_\_\_\_  
Auditor/Controller

Date: \_\_\_\_\_

Approved as to Liability Provisions<sup>3</sup>

By: \_\_\_\_\_  
Risk Management

Date: \_\_\_\_\_

CONTRACTOR

JOHN R. HAIN M.D.  
Contractor's Business Name\*

By: [Signature]  
(Signature of Chair, President, or Vice-President)\*

JOHN R. HAIN M.D.  
Name and Title  
Date: June 4, 2012

By: \_\_\_\_\_  
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)\*  
Name and Title

Date: \_\_\_\_\_

\*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.