



May 1, 2015

Trauma & Critical Care SFV Group
11550 Indian Hills Road #310
Mission Hills, CA

RE: NOTICE OF TERMINATION LETTER
Professional and Call Coverage Services Agreement

Dear Dr. Roth:

The purpose of this letter is to acknowledge that the parties hereby agree to terminate the Professional and Call Coverage Services Agreement effective as of July 1, 2014. The effective date of termination will be the date this notice of termination letter is signed by Natividad Medical Center's Deputy Purchasing Agent.

Your signature below and return of a copy of this letter to Natividad Medical Center Medical Staff Office will indicate that you have read and agree with the terms. Should you have any questions, please do not hesitate to contact me. I have enclosed two original copies of this letter for your signature. Please sign both, retain one copy for your file and return a copy to me.

Sincerely,

Deputy Purchasing Agent
Natividad Medical Center

Date

Accepted and agreed to on this
___ day of _____ 2015

Bradley J. Roth M.D.

1441 Constitution Boulevard
P.O. Box 81611
Salinas, CA 93912-1611
PH 831.755.4111

www.natividad.com