

**AMENDMENT NO. 1
TO SERVICES AGREEMENT
BETWEEN PETER A. RIPPER & ASSOCIATES, INC DBA PARA AND
NATIVIDAD MEDICAL CENTER
FOR
A REVENUE INTEGRITY PROGRAM**

This Amendment No. 1 to the Services Agreement ("Agreement") which was effective on July 1, 2016 is entered into by and between the County of Monterey (hereinafter "COUNTY"), on behalf of Natividad Medical Center (hereinafter "NMC"), and Peter A. Ripper & Associates, Inc. dba PARA (hereinafter "CONTRACTOR"). Collectively, COUNTY, NMC and CONTRACTOR are referred to as the "Parties", with respect to the following:

RECITALS

WHEREAS, the County of Monterey on behalf of Natividad Medical Center and Peter A. Ripper & Associates, Inc. dba PARA executed an Agreement to provide a revenue integrity program that audits and enhances each aspect of the revenue cycle process to ensure that all appropriate revenue is created, captured, coded, priced, and paid correctly within compliance guidelines with a term July 1, 2016 through June 30, 2017 and a total Agreement amount not to exceed \$95,000; and

WHEREAS, NMC and CONTRACTOR currently wish to amend the Agreement to extend it for an additional one (1) year period through June 30, 2018 for a revised full Agreement term of July 1, 2016 through June 30, 2018 to allow for existing services to continue and with a \$60,000 increase for a revised total Agreement amount not to exceed \$160,000.

AGREEMENT

NOW, THEREFORE, the Parties agree to amend the Agreement as follows:

The Agreement is hereby renewed on the terms and conditions as set forth in the original Agreement incorporated herein by this reference, except as specifically set forth below.

1. **Paragraph titled, "PAYMENTS BY NMC" shall be amended to the following:**
"NMC shall pay the CONTRACTOR in accordance with the payment provisions set forth in EXHIBIT A, subject to the limitations set forth in this Agreement. The total amount payable by NMC to CONTRACTOR under this Agreement shall not exceed the sum of \$160,000."
2. **The first sentence of Paragraph titled, "TERM OF AGREEMENT" shall be amended to the following:**
"The term of this Agreement is from July 1, 2016 through June 30, 2018 unless sooner terminated pursuant to the terms of this Agreement."
3. Except as provided herein, all remaining terms, conditions and provisions of the original Agreement are unchanged and unaffected by this Amendment No. 1 and shall continue in full force and effect as set forth in the original Agreement.
4. A copy of this Amendment No. 1 shall be attached to the original Agreement.
5. This Amendment No. 1 shall be effective when signed by both Parties.

Amendment No.1 to Agreement
With Peter A. Ripper & Associates, Inc. dba PARA
Term: July 1, 2016 through June 30, 2018
Not to Exceed: \$160,000

IN WITNESS WHEREOF, the Parties hereto are in agreement with this Amendment No. 1 on the basis set forth in this document and have executed this Amendment No. 1 on the day and year set forth herein.

NATIVIDAD MEDICAL CENTER

By: _____
Gary R. Gray, DO, CEO

Date: _____

APPROVED AS TO LEGAL PROVISIONS

By: _____
Monterey County Deputy County Counsel
Stacy Sactta
Print Name

Date: _____
5/24/17

APPROVED AS TO FISCAL PROVISIONS

By: _____
Monterey County Chief Deputy Auditor-Controller
Gary K. Giboney
Print Name

Date: _____
5-24-17

CONTRACTOR

Peter A. Ripper & Associates, Inc. dba PARA

CONTRACTOR's Business Name

**Signature instructions below*

By: _____
(Signature of: Chair, President, or Vice-President)

_____ *Peter A. Ripper, Pres. Para*
Name and Title

Date: _____
May 1, 2017

By: _____
(Signature of: Secretary, Asst. Secretary, CFO, Treasurer, or Asst. Treasurer)

_____ *Peter A. Ripper, CFO*
Name and Title

Date: _____
May 1, 2017

***Signature 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 (2 signatures required).

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 (2 signatures required).

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 (1 signature required).

Amendment No. 1 to Agreement
With Peter A. Ripper & Associates, Inc. dba PARA
Term: July 1, 2016 through June 30, 2018
Not to Exceed: \$160,000



State of California

Kevin Shelley
Secretary of State

STATEMENT OF INFORMATION (Domestic Stock Corporation)

74

03-298236

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME: (Please do not alter if name is preprinted.)

C1469808 DUE DATE 10-31-03 29695S
PETER A. RIPPER & ASSOC., INC.
5020 GREENHAVEN STR
YORBA LINDA CA 92887

FILED
in the office of the Secretary of State
of the State of California

JUL 28 2003

Kevin Shelley
KEVIN SHELLEY, SECRETARY OF STATE

This Space For Filing Use Only

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code Section 1502)

2. ☐ CHECK HERE IF THE CORPORATION IS PUBLICLY TRADED. IF PUBLICLY TRADED, COMPLETE THIS STATEMENT OF INFORMATION AND THE CORPORATE DISCLOSURE STATEMENT (FORM SI-PTSUPP). SEE ITEM 2 OF INSTRUCTIONS.

NO CHANGE STATEMENT

3. ☐ IF THERE HAS BEEN NO CHANGE IN ANY OF THE INFORMATION CONTAINED IN THE LAST STATEMENT OF INFORMATION FILED WITH THE SECRETARY OF STATE, INCLUDING ANY INFORMATION CONTAINED IN FORM SI-PTSUPP, CHECK THE BOX AND PROCEED TO ITEM 17.
IF THERE HAVE BEEN ANY CHANGES TO THE INFORMATION CONTAINED IN EITHER FORM, BOTH FORMS MUST BE COMPLETED IN THEIR ENTIRETY.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be PO Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE	ZIP CODE
4801 East Copa de Oro Drive	Anaheim, CA	92807
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE
4801 East Copa de Oro Drive	Anaheim, CA	CA
6. MAILING ADDRESS	CITY AND STATE	ZIP CODE
4801 East Copa de Oro Drive	Anaheim, CA	92807

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, please do not alter the preprinted title on this statement.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY AND STATE	ZIP CODE
Peter A. Ripper	4801 East Copa de Oro Drive	Anaheim, CA	92807
8. SECRETARY/	ADDRESS	CITY AND STATE	ZIP CODE
Peter A. Ripper	4801 East Copa de Oro Drive	Anaheim, CA	92807
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY AND STATE	ZIP CODE
Peter A. Ripper	4801 East Copa de Oro Drive	Anaheim, CA	92807

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Peter A. Ripper	4801 East Copa de Oro Drive	Anaheim, CA	92807
11. NAME	ADDRESS	CITY AND STATE	ZIP CODE

12. NAME	ADDRESS	CITY AND STATE	ZIP CODE
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13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

LIST THE AGENT FOR SERVICE OF PROCESS (If an individual, the person named as agent must be a resident of California.)

14. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS

☒ AN INDIVIDUAL RESIDING IN CALIFORNIA.

☐ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME Peter A. Ripper

4801 East Copa de Oro Drive, Anaheim, CA 92807

15. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
<u>consulting</u>		<u>CA</u>	

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

17. THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT ☒ YES

PETER A. RIPPER

TYPE OR PRINT NAME OF OFFICER OR AGENT

[Signature]
SIGNATURE

President
TITLE

7/28/2003
DATE