

## ***FIRST AMENDMENT***

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**THIS IS A FIRST AMENDMENT TO THE AGREEMENT** dated the \_\_\_\_\_ day  
of \_\_\_\_\_, 2019, between:

**CITY OF POMPANO BEACH**, a municipal corporation of the  
State of Florida, whose address is 100 West Atlantic Boulevard,  
Pompano Beach, Florida 33060, hereinafter referred to as “CITY,”

and

**HOLY CROSS HOSPITAL, INC.**, a Florida not for profit  
corporation, having its office and place of business at 4725 North  
Federal Hwy., Fort Lauderdale, FL 33308, hereinafter referred to as  
“LICENSEE.”

**WHEREAS**, the City and LICENSEE entered into an agreement for the use of the City’s  
Aquatic Centers for outpatient aquatic therapy on April 3, 2018, ("Original Agreement"), and  
approved by City Resolution No. 2018-113; and

**WHEREAS**, the parties have mutually agreed to extend the Original Agreement for one (1)  
additional one-year period.

### **WITNESSETH:**

**IN CONSIDERATION** of the mutual terms, conditions, promises, covenants and  
payments herein set forth CITY and LICENSEE agree as follows:

1. Each “WHEREAS” clause set forth above is true and correct and herein  
incorporated by this reference.

2. The original Agreement effective April 3, 2018, a copy of which is attached hereto and made a part hereof as Exhibit "A," shall remain in full force and effect except as specifically amended hereinbelow.

3. The parties hereto agree to extend the Original Agreement for one (1) additional one-year period, ending April 2, 2020.

4. This Agreement shall bind the parties and their respective executors, administrators, successors and assign and shall be fully effective as though the extension had been originally included in the Agreement.

**THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK**

IN WITNESS OF THE FOREGOING, the parties have set their hands and seals the day and year first above written.

“CITY”:

Witnesses:

**CITY OF POMPANO BEACH**

\_\_\_\_\_

By: \_\_\_\_\_  
REX HARDIN, MAYOR

\_\_\_\_\_

By: \_\_\_\_\_  
GREGORY P. HARRISON, CITY MANAGER

Attest:

\_\_\_\_\_  
ASCELETA HAMMOND, CITY CLERK

(SEAL)

APPROVED AS TO FORM:

\_\_\_\_\_  
MARK E BERMAN, CITY ATTORNEY

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by **REX HARDIN** as Mayor, **GREGORY P. HARRISON** as City Manager, and **ASCELETA HAMMOND** as City Clerk of the City of Pompano Beach, Florida, a municipal corporation, on behalf of the municipal corporation, who is personally known to me.

NOTARY’S SEAL:

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Name of Acknowledger Typed, Printed or Stamped)

\_\_\_\_\_  
Commission Number

**"LICENSEE":**

Witnesses:

Holy Cross Hospital, Inc.

Teresa A. Flanyak-Howell

Teresa A. Flanyak-Howell  
Print Name

Jessica Claver

Jessica Claver  
Print Name

By:

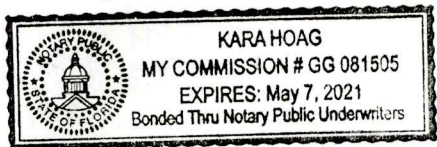
Patrick Taylor

Patrick Taylor, President and CEO

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 18th day of March, 2019 by Patrick Taylor as President and CEO of Holy Cross Hospital, Inc., a Florida not-for-profit corporation, on behalf of the corporation. He is personally known to me or who has produced N/A (type of identification) as identification.

NOTARY'S SEAL:



Kara Hoag  
NOTARY PUBLIC, STATE OF FLORIDA

Kara Hoag  
(Name of Acknowledger Typed, Printed or Stamped)

86081505  
Commission Number