

**LAKE SHORE HOSPITAL AUTHORITY RESOLUTION NO. 2021-005**

**A RESOLUTION OF THE BOARD OF TRUSTEES OF THE  
LAKE SHORE HOSPITAL AUTHORITY OF COLUMBIA  
COUNTY, FLORIDA, RATIFYING THE CHAIRMAN'S  
EXTENSION OF THE STATE OF EMERGENCY ARISING  
FROM THE COVID-19 PUBLIC HEALTH EMERGENCY.**

**WHEREAS**, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

**WHEREAS**, on March 1, 2020, the Governor issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

**WHEREAS**, on April 3, 2020, the Governor issued Executive Order 20-91 and Executive Order 20-92 directing all persons in Florida to limit their movements and personal interactions outside of their home only to those necessary to obtain or provide essential services or conduct essential activities; and

**WHEREAS**, on April 29, 2020, the Governor issued Executive Order 20-112 initiating "Phase 1: Safe. Smart. Step-by-Step. Plan for Florida's Recovery"; and

**WHEREAS**, on May 8, 2020, the Governor issued Executive Order 20-114 extending the statewide state of emergency until July 7, 2020; and

**WHEREAS**, on June 5, 2020, the Governor's Executive Order 20-139 initiated "Phase 2: Safe. Smart. Step-by-Step. Plan for Florida's Recovery" and extended the exceptions provided for in Executive Order 20-69, relating to local government meetings, until June 30, 2020; and

**WHEREAS**, on July 7, 2020, the Governor issued Executive Order 20-166 extending the statewide state of emergency, as well as those exceptions provided for in Executive Order 20-69, until September 5, 2020; and

**WHEREAS**, on July 29, 2020, the Governor issued Executive Order 20-179 amending order 20-69 creating statutory exceptions related to budget hearings and extending the statewide state of emergency until September 1, 2020; and

**WHEREAS**, on August 7, 2020, the Governor issued Executive Order 20-193 extending the statewide state of emergency, as well as those exceptions provided for in Executive Order 20-69, until October 1, 2020; and

**WHEREAS**, on September 4, 2020, the Governor issued Executive Order 20-213 extending the statewide state of emergency, as well as those exceptions provided for in Executive Order 20-52 on November 4, 2020; and

**WHEREAS**, on September 30, 2020, the Governor issued Executive Order 20-246 extending the statewide state of emergency, as well as those exceptions provided for in Executive Order 20-69; and

**WHEREAS**, on November 3, 2020, the Governor issued Executive Order 20-276 extending the statewide state of emergency until January 2, 2021; and

**WHEREAS**, on December 29, 2020, the Governor issued Executive Order 20-316 extending the statewide state of emergency until February 27, 2021; and

**WHEREAS**, on February 26, 2021, the Governor issued Executive Order 21-45 extending the statewide state of emergency until 12:01 a.m. on April 27, 2021; and

**WHEREAS**, pursuant to Lake Shore Hospital Authority Resolution 2020-004 the Chairman is authorized to extend the Board's state of emergency related to COVID-19, and the Chairman has issued his Proclamations extending the current state of emergency, copies of which is attached hereto as "Exhibit A, B, C, D, and E; and

**WHEREAS**, the Board of Trustees, in order to protect the welfare and safety of the citizens of the county and their property, finds it necessary to ratify the Chairman's extension of the state of emergency proclaimed by the Chairman.

**NOW, THEREFORE, BE IT RESOLVED BY THE LAKE SHORE HOSPITAL AUTHORITY, COLUMBIA COUNTY, FLORIDA, AS FOLLOWS:**

**Section 1.** The above recitals are all true and accurate and are incorporated herein and made a part of this resolution.

**Section 2.** The Board of Trustees ratifies and extends the state of emergency declared pursuant to the Chairman's Proclamations as well the provisions included in Lake Shore Hospital Authority Resolution 2020-004.

**Section 3.** This resolution is effective immediately upon adoption.

**PASSED AND ADOPTED** at a meeting of the Board of Trustees of the Lake Shore Hospital Authority of Columbia County, Florida this \_\_\_\_ day of April 2021.

**LAKE SHORE HOSPITAL AUTHORITY**

By: \_\_\_\_\_  
Brandon Beil, Chairman

ATTEST:

APPROVED AS TO FORM AND LEGALITY:

By: \_\_\_\_\_  
Loretta Chancy  
Secretary/Treasurer

By: \_\_\_\_\_  
Frederick L. Koberlein, Jr.,  
Authority Attorney

**Lake Shore Hospital Authority**

**PROCLAMATION**

**WHEREAS**, COVID-19 continues to pose an imminent health hazard and an increased risk of infection to residents of the County and healthcare, first responders, and emergency medical service workers caring for patients with COVID-19; and

**WHEREAS**, COVID-19 is spread amongst the population by various means of exposure, including the propensity to spread person to person and the propensity to attach to surfaces thereby spreading from surface to person and causing increased infections to persons; and

**WHEREAS**, public health experts have consistently recommended avoiding close physical interaction between persons in order to slow the spread of COVID-19, and the Centers for Disease Control and Prevention ("CDC") updated and further restricted its distancing guidelines; and

**WHEREAS**, in April 16, 2020, the White House and the CDC released Guidelines for Opening Up America Again, a three-phased approach based on the advice of public health experts; and

**WHEREAS**, data collected by the State Department of Health indicates a flattening of the curve of COVID-19 reported cases, including a downward trajectory of hospital visits for influenza like illnesses and COVID-19 like syndromic cases, a decrease in percent-positive test results, and an increase in hospital capacity since March 1, 2020; and

**WHEREAS**, Lake Shore Hospital Authority Resolution 2020-004 extended the state of emergency and vested the authority to extend the state of emergency in the Chairman; and

**WHEREAS**, this Proclamation is issued to extend the state of emergency for seven (7) days effective the 12th day of March, 2021.

**NOW, THEREFORE**, I, Brandon Beil, Chairman of the Board of Trustees on behalf of the Lake Shore Hospital Authority, do hereby extend the State of Emergency due to the COVID-19 health concerns for an additional seven (7) days effective the 18th day of March, 2021.

**LAKE SHORE HOSPITAL AUTHORITY**



BRANDON BEIL, CHAIRMAN

LAKE SHORE HOSPITAL AUTHORITY

**Lake Shore Hospital Authority**

**PROCLAMATION**

**WHEREAS**, COVID-19 continues to pose an imminent health hazard and an increased risk of infection to residents of the County and healthcare, first responders, and emergency medical service workers caring for patients with COVID-19; and

**WHEREAS**, COVID-19 is spread amongst the population by various means of exposure, including the propensity to spread person to person and the propensity to attach to surfaces thereby spreading from surface to person and causing increased infections to persons; and

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**WHEREAS**, in April 16, 2020, the White House and the CDC released Guidelines for Opening Up America Again, a three-phased approach based on the advice of public health experts; and

**WHEREAS**, data collected by the State Department of Health indicates a flattening of the curve of COVID-19 reported cases, including a downward trajectory of hospital visits for influenza like illnesses and COVID-19 like syndromic cases, a decrease in percent-positive test results, and an increase in hospital capacity since March 1, 2020; and

**WHEREAS**, Lake Shore Hospital Authority Resolution 2020-004 extended the state of emergency and vested the authority to extend the state of emergency in the Chairman; and

**WHEREAS**, this Proclamation is issued to extend the state of emergency for seven (7) days effective the 19th day of March, 2021.

**NOW, THEREFORE**, I, Brandon Beil, Chairman of the Board of Trustees on behalf of the Lake Shore Hospital Authority, do hereby extend the State of Emergency due to the COVID-19 health concerns for an additional seven (7) days effective the 25th day of March, 2021.

**LAKE SHORE HOSPITAL AUTHORITY**



BRANDON BEIL, CHAIRMAN  
LAKE SHORE HOSPITAL AUTHORITY

**Lake Shore Hospital Authority****PROCLAMATION**

**WHEREAS**, COVID-19 continues to pose an imminent health hazard and an increased risk of infection to residents of the County and healthcare, first responders, and emergency medical service workers caring for patients with COVID-19; and

**WHEREAS**, COVID-19 is spread amongst the population by various means of exposure, including the propensity to spread person to person and the propensity to attach to surfaces thereby spreading from surface to person and causing increased infections to persons; and

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**WHEREAS**, Lake Shore Hospital Authority Resolution 2020-004 extended the state of emergency and vested the authority to extend the state of emergency in the Chairman; and

**WHEREAS**, this Proclamation is issued to extend the state of emergency for seven (7) days effective the 26th day of March, 2021.

**NOW, THEREFORE**, I, Brandon Beil, Chairman of the Board of Trustees on behalf of the Lake Shore Hospital Authority, do hereby extend the State of Emergency due to the COVID-19 health concerns for an additional seven (7) days effective the 1st day of April, 2021.

**LAKE SHORE HOSPITAL AUTHORITY**



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BRANDON BEIL, CHAIRMAN  
LAKE SHORE HOSPITAL AUTHORITY

**Lake Shore Hospital Authority**

**PROCLAMATION**

**WHEREAS**, COVID-19 continues to pose an imminent health hazard and an increased risk of infection to residents of the County and healthcare, first responders, and emergency medical service workers caring for patients with COVID-19; and

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**WHEREAS**, Lake Shore Hospital Authority Resolution 2020-004 extended the state of emergency and vested the authority to extend the state of emergency in the Chairman; and

**WHEREAS**, this Proclamation is issued to extend the state of emergency for seven (7) days effective the 2nd day of April 2021.

**NOW, THEREFORE**, I, Brandon Beil, Chairman of the Board of Trustees on behalf of the Lake Shore Hospital Authority, do hereby extend the State of Emergency due to the COVID-19 health concerns for an additional seven (7) days effective the 8th day of April, 2021.

**LAKE SHORE HOSPITAL AUTHORITY**

  
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BRANDON BEIL, CHAIRMAN  
LAKE SHORE HOSPITAL AUTHORITY

**Lake Shore Hospital Authority**

**PROCLAMATION**

**WHEREAS**, COVID-19 continues to pose an imminent health hazard and an increased risk of infection to residents of the County and healthcare, first responders, and emergency medical service workers caring for patients with COVID-19; and

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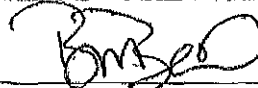
**WHEREAS**, data collected by the State Department of Health indicates a flattening of the curve of COVID-19 reported cases, including a downward trajectory of hospital visits for influenza like illnesses and COVID-19 like syndromic cases, a decrease in percent-positive test results, and an increase in hospital capacity since March 1, 2020; and

**WHEREAS**, Lake Shore Hospital Authority Resolution 2020-004 extended the state of emergency and vested the authority to extend the state of emergency in the Chairman; and

**WHEREAS**, this Proclamation is issued to extend the state of emergency for seven (7) days effective the 9th day of April 2021.

**NOW, THEREFORE**, I, Brandon Beil, Chairman of the Board of Trustees on behalf of the Lake Shore Hospital Authority, do hereby extend the State of Emergency due to the COVID-19 health concerns for an additional seven (7) days effective the 15th day of April, 2021.

**LAKE SHORE HOSPITAL AUTHORITY**



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BRANDON BEIL, CHAIRMAN  
LAKE SHORE HOSPITAL AUTHORITY



April 1, 2021

TO: LSHA Trustees  
Fred Koberlein, Jr. Attorney  
Richard Powell, External Auditor

FR: Dale Williams

RE: Summary-  
Lake Shore Hospital Facility Transition from CHS To LSHA (October 29, 2020 Memo Update)

This will serve to provide you with a written update on the transition of the Lake Shore Hospital from CHS to LSHA. It includes all comments I provided in the regular LSHA meeting of October 12, 2020, November 9, 2020, January 4, 2021, February 8, 2021, and March 8, 2021 plus any changes or new activities that may have occurred since that date.

**Lease "Buy-Out" –**

The \$7.5M lease buy-out has been received. The payment was initially deposited in the LSHA Operating Fund. This is the Fund that has always received lease payment deposits. The deposit was removed and placed in a 6-month Certificate of Deposit at Ameris Bank.

**City of Lake City – Water/Sewer/Gas Utilities**

The Lake Shore Hospital campus has 8 water/sewer meters and 2 gas meters. All 8 meters have been transferred to the LSHA. The City of Lake City waived all deposits. A bill for the month of February has been received. City utilities for February was \$13,589.96.

**FP&L – Electric Utility**

The Lake Shore Hospital campus has 16 electric meters. A bill for the month of February 12, 2021 – March 11, 2021 has been received. The bill is \$14,736.09.

FP&L required a deposit of \$63,972. The Authority has posted a "Bank Letter of Credit". Ameris Bank holds several CD's of the Authority and offered to furnish the Letter for \$300 (first year).

**AT&T – Phone Service**

A corrected AT&T Transfer of Services Agreement has been executed. This agreement only includes the minimum services for the phone system and fire alarm lines. A bill for the month of March 2, 2021 – April 1, 2021 has been received. The bill is \$695.03.

**Service Contracts –**

Please note. No vendor to date has requested a price increase to continue providing services to Lake Shore Hospital. When a service provider requires a "contract" we are receiving legal review prior to proceeding. In addition, we are trying to maintain a 30-day cancellation provision with all vendors.

- 1.) Building Security – LSHA has signed an agreement with DSI Security for 24/7 security at the hospital. The contract is for the same terms and arrangements previously agreed to by CHS. The agreement has a 30-day cancellation provision. The weekly cost is approximately \$2,700.

- 2.) Grounds Maintenance – This service has been provided in the past by Stoneridge Management. Stoneridge and the Authority signed a new contract for services. The monthly amount is approximately \$2,910 monthly.
- 3.) Water Treatment – Premiere Water and Energy Technology Inc. is currently furnishing water treatment for the Lake Shore campus. Premiere furnishes descaler for the HVAC chiller and boiler units. Lake Shore also has a need to repair several water softeners. The water softeners have been repaired at a cost of \$6,281. LSHA has received a contract to continue services with Premiere effective October 16, 2020. The monthly service cost is approximately \$500 monthly.
- 4.) Pest Control – Live Oak Pest Control has provided pest control services for Lake Shore. Live Oak Pest Control has contracted with the Authority to continue the service. The monthly cost is \$631.66.
- 5.) Elevators – Thyssenkrupp has performed required elevator inspections for Lake Shore in the past. Lake Shore has a license for all elevators except for 1. Based on the last inspection report we have 2 elevators out of compliance. In both elevators the sills need replacing. The cost of the repairs is \$5595. Authorization to repair has been given. To date, \$2,798 has been spent on repairs. The Authority intends to retain Thyssenkrupp to perform elevator inspections. Repairs are complete and the remaining balance has been paid. Elevator service agreement has been signed at a cost of \$500.00 per month that covers five elevators.
- 6.) Fire Sprinklers – Fire sprinklers require a quarterly, semi-annual, and annual inspection. In addition, inspections are needed if work is performed on the system. W.W. Gay provides inspections at a cost of \$1,500 for quarterly inspections, \$1,750 for semi-annual inspections and \$2,550 for the annual inspection. The LSHA will continue to use W.W. Gay for fire sprinkler inspections. The semi-annual inspection was performed on 1-22-21.
- 7.) Fire Alarms- Fire alarms are inspected by W.W. Gay Fire Protection. They are monitored by Associated Monitoring, Inc. Both companies are in line to be retained by LSHA; however, no contract has been received. Second quarterly bill for 3-1-21 to 5-31-21 was received at \$538.25.
- 8.) Chillers – Johnson Controls is the service contractor for Chiller inspections. The total annual cost to CHS for a year of service was \$8861 (additional cost for breakdowns and parts). This contract runs through February with one inspection “owed”. Continuation of this contract will depend on the status of Lake Shore at that time. Repairs to date have cost \$291.54. The last inspection was performed 1-27-21, the prior CHS service agreement has been satisfied.
- 9.) Boilers – Illingworth is the service contractor for boiler inspections. Based on the last inspection, the “little” boiler passed inspection and the “big” boiler failed. The parts to repair the large boiler was ordered and received on October 27, 2020. Repairs and salt for the boilers have cost \$2,537.90. LSHA has not received an agreement as of this date from Illingworth. We completed the State required repair on 12/4/20. The cost for this repair was \$3,670. Inspection by insurance carrier complete and waiting on State certificate.

**Insurance –**

General Liability and Property and Casualty coverages have been placed with the Florida Municipal Investment Trust (FMIT). Boiler and elevator coverages are included in the base policies. The annual premium was \$137,760 annually. (including the Lake Shore Hospital Authority)

Pollution Liability (due to 1 underground storage tank) has been purchased. The premium is \$631.

**Employees –**

Six (6) full-time temporary employees (less than 6 months) and one (1) contractual employee (\$40 hr. not to exceed 80 hours total) were hired October 1, 2020. All individuals hired were former employees of CHS. All employees were hired at their rate of pay with CHS, with the exception of the contractual employee. The six months expired March 31, 2021. Due to the need to continue Lake Shore Hospital facility operations, the following changes to personnel occurred April 1, 2021:

Administrative Assistant – Employee resigned/position eliminated  
Director of Facilities Operations - \$47.12 hour-Retained by employment contract (attached)  
Maintenance Tech. - \$25.00 hour- Retained by employment contract (attached)  
Maintenance Tech. - \$25.00 hour – Retained by employment contract (attached)  
IT Director - \$43.27 hour – Position currently furloughed\*  
IT Support specialist - \$25.00 hour – Position currently furloughed\*

\*Furloughed employees are non paid. A final decision is pending a decision on whether duties required can be provided contractually through a qualified company.

## EMPLOYMENT AGREEMENT

THIS EMPLOYMENT AGREEMENT ("Agreement") is effective the 1<sup>st</sup> day of April, 2021 ("Effective Date") by and between LAKE SHORE HOSPITAL AUTHORITY, with its principal place of business at 259 NE Franklin Street, Lake City, Florida, or its assigns, ("Hospital") and Dendy L. Herndon ("Employee"). Hospital and Employee may be jointly referred to as "Parties."

In consideration of the mutual covenants and agreements contained herein, and other good and valuable consideration, including the Employee's employment with the Hospital, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

1. **EMPLOYMENT.** The Hospital employs Employee, and Employee accepts such employment, upon the terms and conditions set forth herein. Employee represents that Employee is entering into this Agreement voluntarily.
2. **DUTIES.** Pursuant to this Agreement, Employee shall assume such responsibilities and perform such duties as required as Maintenance Mechanic of the Hospital, as described in Exhibit "A" and such other duties as may be assigned to Employee from to time.
3. **WORK HOURS.** The Parties contemplate that the Employee's work hours will ordinarily average 40 hours per week. Notwithstanding, the Parties understand and agree that Employee's work hours during any particular workweek may vary above or below this average, and Employee's salary shall not be increased or decreased as a result.
4. **COMPENSATION AND BENEFITS.** Employee will receive as compensation for all services rendered \$98,000.00/\$47.12 hr., and in accordance with normal Hospital procedures shall be subject to all appropriate federal, state, and other applicable withholdings. The Hospital's obligation to pay Employee shall cease upon termination of Employee's employment with the Hospital for any reason and shall be prorated through the date of Employee's termination. All other benefits will be available pursuant to Hospital policy as modified from time to time.
5. **TERM.** The term of employment under this Agreement shall begin on the Effective Date and expire after five (5) months and twenty-nine (29) days unless renewed in writing and signed by both Parties.
6. **TERMINATION OF EMPLOYMENT AGREEMENT.**
  - A. **Termination Without Cause:** The Hospital may terminate this Agreement without cause upon seven (7) days written notice. Upon such termination, the Hospital shall be released from any and all further obligation under this Agreement, except that the Hospital shall be obligated to pay employee the remainder of his/her salary and benefits owing to Employee through the day on which Employee's employment is terminated, as well as any accrued leave pursuant to the Hospital's policies. During this 7-day notice time period, Employee must execute his/her duties and responsibilities in accordance with the terms of this Agreement. Employee's obligations under this Agreement shall continue pursuant to the terms and conditions of this Agreement.
  - B. **Automatic Termination due to Death or Disability:** If the Employee dies or suffers any disability, his/her employment pursuant to this Agreement shall automatically

terminate on the date of her death or disability, as the case may be. The term "disability" shall mean the inability of the Employee to perform the essential function(s) of his/her duties, with or without reasonable accommodations, under this Agreement, because of physical or mental illness or incapacity. In the event of termination of Employee by the Hospital due to death or disability, as defined above, the Hospital will have no further obligation to the Employee or his/her estate under this Agreement except for accrued and unpaid salary and/or benefits, in accordance with the Hospital's policies.

- C. **Termination at the Expiration of the Term:** If the Employee's employment with the Hospital terminates at the end of the Term, the Hospital shall have no further obligation to the Employee under this Agreement, except for accrued and unpaid salary and benefits the Employee has accrued pursuant to the Hospital's policies.
- i. **Employee Resignation:** Employee shall provide the Hospital a minimum of two (2) weeks written notice for resignation. Upon resignation, Employee shall be entitled to any applicable benefits provided by the Hospital, in accordance with the Hospital's policies.
  - ii. **Termination For Performance:** Employee's performance will be subject to periodic evaluation. Notwithstanding, however, the Hospital may, at any time and in its sole discretion, place Employee on a performance improvement plan ("PIP") in the event Employee's performance is deemed unsatisfactory. The PIP shall outline the area(s) for improvement and provide Employee guidance and goals for achieving satisfactory performance. Employee shall receive periodic reports of his/her progress as outlined by the PIP. In the event Employee's performance does not improve at the end of the PIP period, the Hospital may terminate this Agreement. Upon such termination, the Hospital shall be released from any and all further obligation under this Agreement, except any unpaid salary or accrued leave in accordance with the Hospital's policies.
  - iii. **Termination For Cause:** The Hospital shall have the right to immediately terminate the employment of the Employee for "Cause" (as such term is hereinafter defined). For purposes of this Agreement, "Cause" means any act or any failure to act on the part of the Employee which constitutes: (i) the willful, knowing or negligent failure or refusal of the Employee to perform his/her duties under this Agreement or to follow the reasonable directions of the Hospital; (ii) insubordination by the Employee; (iii) misfeasance or malfeasance by Employee in connection with the performance of his/her duties under this Agreement; (iv) Employee's commission of fraud or embezzlement; (v) the conviction of the Employee for, or a plea of guilty or nolo contendere to, a felony; (vi) a breach or default by the Employee of any provision of this Agreement; (vii) dishonesty, incompetence or misconduct in connection with the performance of his/her job duties; (viii) the Employee's willful and material breach or violation of any law, rule, or regulation; (ix) violation of the Hospital's policies; (x) or conduct, which is clearly contrary to the character

and responsibilities of a person occupying the position or which negatively or adversely affects the reputation of the Hospital in any way, including any act involving moral turpitude or the Employee becoming involved in any situation or occurrence otherwise tending to bring the Employee into public disrepute, contempt, scandal, or ridicule.

- iv. The determination of whether there is Cause to warrant termination under this Section will be made by the Hospital, in its sole discretion. In the event the Employee is terminated for Cause, the Employee shall only be entitled to payment for accrued and unpaid salary in accordance with the Hospital's policies.
- v. Upon termination of employment for any reason, Employee shall return immediately to the Hospital all Hospital property, including training materials, computer equipment, mobile devices, tools, equipment, property, and other records of the Hospital, including all emails written to and from any Hospital email account, and any and all copies thereof, within Employee's possession, custody, or control. Employee shall also provide all logins and passwords related to any online business of the Hospital.

7. **SEVERABILITY.** If any provision or covenant, or any part thereof, of this Agreement shall be held by any court to be invalid or unenforceable, either in whole or in part, such invalidity or unenforceability will not affect the validity or enforceability of the remaining provisions or covenants, or any part thereof, of this Agreement, all of which shall remain in full force and effect.
8. **REPRESENTATIONS AND WARRANTIES.** The Employee represents that Employee has requisite skills and experience to perform the duties and responsibilities required as an Employee of the Hospital and warrants that all information provided in the employment process and contained in the Employee's application and/or resume is true and correct. Employee represents and warrants that he/she is authorized to execute this Agreement and to perform the services required of him/her as an employee of the Hospital. Employee further represents and warrants that he/she is not a party to any other agreement or subject to any restriction that would impair or limit his/her ability to perform the services required of him/her under this Agreement.
9. **AMENDMENT.** This Agreement shall not be amended or modified except by a writing executed by an authorized representative of both Parties.
10. **GOVERNING LAW.** This Agreement shall be governed by, construed, and interpreted in accordance with the laws of the State of Florida. Exclusive venue for any litigation shall be Columbia County, Florida. The Parties hereby waive their right to a jury trial. The Hospital shall be entitled to attorney's fees and costs in any action seeking enforcement of the terms of this Agreement as the prevailing party pursuant to law.
11. **ENTIRE AGREEMENT.** This Agreement and the Exhibit attached hereto represents the entire understanding of the Parties concerning the subject matter hereof and supersedes all prior

communications, agreements, and understandings, whether oral or written, relating to the subject matter thereof.

**12. GENERAL PROVISIONS.**

- A. Descriptive headings contained in this Agreement are for convenience only and shall not control or affect the meaning or construction of any provision of this Agreement.
- B. The language used in this Agreement will be deemed the language chosen by the parties to express their mutual intent, and no rules of strict construction will be applied against either party.
- C. The Parties to this Agreement may execute their signatures in counterpart, each document of which may be considered as an original when executed.

**EMPLOYEE:**

**HOSPITAL:**

  
\_\_\_\_\_  
Employee

\_\_\_\_\_  
Authorized Representative

4/1/21  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## EXHIBIT A

**Position:** Maintenance Mechanic

**Location:** Lake Shore Hospital Authority

### **Position Description:**

General maintenance to all buildings on Lake Shore Hospital Authority Campus. This includes eight (8) buildings with a total of 142,450 sq ft.

### **Key Responsibilities include, but are not limited to:**

1. Inspection and preventative maintenance of all mechanical systems that include:
  - Two (2) 300-ton chillers with three (3) cooling towers;
  - Two (2) gas fired boilers with associated water treatment and pumping system;
  - Heat exchanger and two (2) 750-gallon water heaters;
  - Air handling equipment – forty (40) units; and
  - Exhaust fans – twenty-three (23) units.
2. Inspect, test, and maintain life safety systems to meet NFPA Life Safety Code that includes:
  - Generator and ten (10) automatic transfer switches;
  - 4,000-gallon underground storage fuel tank and monitoring system;
  - 2,500 GPM fire pump and sprinkler system;
  - Fire extinguishers and fire doors, including delayed egress;
  - Exit lighting and all other emergency egress lighting; and
  - Elevator fire recall systems.
3. Domestic water system:
  - Flush all fixtures weekly.
  - Maintain circulating pumps.
4. Exterior of buildings:
  - Pressure wash entrances and walkways to all buildings.
  - Repair and maintain irrigation systems
5. Perform other duties as assigned at the discretion of the Hospital.
6. Adhere to Hospital policies, including the Employee Handbook.



## EMPLOYMENT AGREEMENT

THIS EMPLOYMENT AGREEMENT ("Agreement") is effective the 1<sup>st</sup> day of April, 2021 ("Effective Date") by and between LAKE SHORE HOSPITAL AUTHORITY, with its principal place of business at 259 NE Franklin Street, Lake City, Florida, or its assigns, ("Hospital") and Michael Ansell ("Employee"). Hospital and Employee may be jointly referred to as "Parties."

In consideration of the mutual covenants and agreements contained herein, and other good and valuable consideration, including the Employee's employment with the Hospital, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

1. **EMPLOYMENT.** The Hospital employs Employee, and Employee accepts such employment, upon the terms and conditions set forth herein. Employee represents that Employee is entering into this Agreement voluntarily.
2. **DUTIES.** Pursuant to this Agreement, Employee shall assume such responsibilities and perform such duties as required as Maintenance Mechanic of the Hospital, as described in Exhibit "A" and such other duties as may be assigned to Employee from to time.
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4. **COMPENSATION AND BENEFITS.** Employee will receive as compensation for all services rendered \$52,000.00/\$25.00 hr., and in accordance with normal Hospital procedures shall be subject to all appropriate federal, state, and other applicable withholdings. The Hospital's obligation to pay Employee shall cease upon termination of Employee's employment with the Hospital for any reason and shall be prorated through the date of Employee's termination. All other benefits will be available pursuant to Hospital policy as modified from time to time.
5. **TERM.** The term of employment under this Agreement shall begin on the Effective Date and expire after five (5) months and twenty-nine (29) days unless renewed in writing and signed by both Parties.
6. **TERMINATION OF EMPLOYMENT AGREEMENT.**
  - A. **Termination Without Cause:** The Hospital may terminate this Agreement without cause upon seven (7) days written notice. Upon such termination, the Hospital shall be released from any and all further obligation under this Agreement, except that the Hospital shall be obligated to pay employee the remainder of his/her salary and benefits owing to Employee through the day on which Employee's employment is terminated, as well as any accrued leave pursuant to the Hospital's policies. During this 7-day notice time period, Employee must execute his/her duties and responsibilities in accordance with the terms of this Agreement. Employee's obligations under this Agreement shall continue pursuant to the terms and conditions of this Agreement.
  - B. **Automatic Termination due to Death or Disability:** If the Employee dies or suffers any disability, his/her employment pursuant to this Agreement shall automatically

terminate on the date of her death or disability, as the case may be. The term "disability" shall mean the inability of the Employee to perform the essential function(s) of his/her duties, with or without reasonable accommodations, under this Agreement, because of physical or mental illness or incapacity. In the event of termination of Employee by the Hospital due to death or disability, as defined above, the Hospital will have no further obligation to the Employee or his/her estate under this Agreement except for accrued and unpaid salary and/or benefits, in accordance with the Hospital's policies.

C. **Termination at the Expiration of the Term**: If the Employee's employment with the Hospital terminates at the end of the Term, the Hospital shall have no further obligation to the Employee under this Agreement, except for accrued and unpaid salary and benefits the Employee has accrued pursuant to the Hospital's policies.

i. **Employee Resignation**: Employee shall provide the Hospital a minimum of two (2) weeks written notice for resignation. Upon resignation, Employee shall be entitled to any applicable benefits provided by the Hospital, in accordance with the Hospital's policies.

ii. **Termination For Performance**: Employee's performance will be subject to periodic evaluation. Notwithstanding, however, the Hospital may, at any time and in its sole discretion, place Employee on a performance improvement plan ("PIP") in the event Employee's performance is deemed unsatisfactory. The PIP shall outline the area(s) for improvement and provide Employee guidance and goals for achieving satisfactory performance. Employee shall receive periodic reports of his/her progress as outlined by the PIP. In the event Employee's performance does not improve at the end of the PIP period, the Hospital may terminate this Agreement. Upon such termination, the Hospital shall be released from any and all further obligation under this Agreement, except any unpaid salary or accrued leave in accordance with the Hospital's policies.

iii. **Termination For Cause**: The Hospital shall have the right to immediately terminate the employment of the Employee for "Cause" (as such term is hereinafter defined). For purposes of this Agreement, "Cause" means any act or any failure to act on the part of the Employee which constitutes: (i) the willful, knowing or negligent failure or refusal of the Employee to perform his/her duties under this Agreement or to follow the reasonable directions of the Hospital; (ii) insubordination by the Employee; (iii) misfeasance or malfeasance by Employee in connection with the performance of his/her duties under this Agreement; (iv) Employee's commission of fraud or embezzlement; (v) the conviction of the Employee for, or a plea of guilty or nolo contendere to, a felony; (vi) a breach or default by the Employee of any provision of this Agreement; (vii) dishonesty, incompetence or misconduct in connection with the performance of his/her job duties; (viii) the Employee's willful and material breach or violation of any law, rule, or regulation; (ix) violation of the Hospital's policies; (x) or conduct, which is clearly contrary to the character

and responsibilities of a person occupying the position or which negatively or adversely affects the reputation of the Hospital in any way, including any act involving moral turpitude or the Employee becoming involved in any situation or occurrence otherwise tending to bring the Employee into public disrepute, contempt, scandal, or ridicule.

- iv. The determination of whether there is Cause to warrant termination under this Section will be made by the Hospital, in its sole discretion. In the event the Employee is terminated for Cause, the Employee shall only be entitled to payment for accrued and unpaid salary in accordance with the Hospital's policies.
- v. Upon termination of employment for any reason, Employee shall return immediately to the Hospital all Hospital property, including training materials, computer equipment, mobile devices, tools, equipment, property, and other records of the Hospital, including all emails written to and from any Hospital email account, and any and all copies thereof, within Employee's possession, custody, or control. Employee shall also provide all logins and passwords related to any online business of the Hospital.

**7. SEVERABILITY.** If any provision or covenant, or any part thereof, of this Agreement shall be held by any court to be invalid or unenforceable, either in whole or in part, such invalidity or unenforceability will not affect the validity or enforceability of the remaining provisions or covenants, or any part thereof, of this Agreement, all of which shall remain in full force and effect.

**8. REPRESENTATIONS AND WARRANTIES.** The Employee represents that Employee has requisite skills and experience to perform the duties and responsibilities required as an Employee of the Hospital and warrants that all information provided in the employment process and contained in the Employee's application and/or resume is true and correct. Employee represents and warrants that he/she is authorized to execute this Agreement and to perform the services required of him/her as an employee of the Hospital. Employee further represents and warrants that he/she is not a party to any other agreement or subject to any restriction that would impair or limit his/her ability to perform the services required of him/her under this Agreement.

**9. AMENDMENT.** This Agreement shall not be amended or modified except by a writing executed by an authorized representative of both Parties.

**10. GOVERNING LAW.** This Agreement shall be governed by, construed, and interpreted in accordance with the laws of the State of Florida. Exclusive venue for any litigation shall be Columbia County, Florida. The Parties hereby waive their right to a jury trial. The Hospital shall be entitled to attorney's fees and costs in any action seeking enforcement of the terms of this Agreement as the prevailing party pursuant to law.

**11. ENTIRE AGREEMENT.** This Agreement and the Exhibit attached hereto represents the entire understanding of the Parties concerning the subject matter hereof and supersedes all prior

communications, agreements, and understandings, whether oral or written, relating to the subject matter thereof.

**12. GENERAL PROVISIONS.**

- A. Descriptive headings contained in this Agreement are for convenience only and shall not control or affect the meaning or construction of any provision of this Agreement.
- B. The language used in this Agreement will be deemed the language chosen by the parties to express their mutual intent, and no rules of strict construction will be applied against either party.
- C. The Parties to this Agreement may execute their signatures in counterpart, each document of which may be considered as an original when executed.

**EMPLOYEE:**

  
\_\_\_\_\_

Employee

4/1/21  
\_\_\_\_\_  
Date

**HOSPITAL:**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

## EXHIBIT A

**Position:**     Maintenance Mechanic

**Location:**    Lake Shore Hospital Authority

**Position Description:**

General maintenance to all buildings on Lake Shore Hospital Authority Campus. This includes eight (8) buildings with a total of 142,450 sq ft.

**Key Responsibilities include, but are not limited to:**

1. Inspection and preventative maintenance of all mechanical systems that include:
  - Two (2) 300-ton chillers with three (3) cooling towers;
  - Two (2) gas fired boilers with associated water treatment and pumping system;
  - Heat exchanger and two (2) 750-gallon water heaters;
  - Air handling equipment – forty (40) units; and
  - Exhaust fans – twenty-three (23) units.
2. Inspect, test, and maintain life safety systems to meet NFPA Life Safety Code that includes:
  - Generator and ten (10) automatic transfer switches;
  - 4,000-gallon underground storage fuel tank and monitoring system;
  - 2,500 GPM fire pump and sprinkler system;
  - Fire extinguishers and fire doors, including delayed egress;
  - Exit lighting and all other emergency egress lighting; and
  - Elevator fire recall systems.
3. Domestic water system:
  - Flush all fixtures weekly.
  - Maintain circulating pumps.
4. Exterior of buildings:
  - Pressure wash entrances and walkways to all buildings.
  - Repair and maintain irrigation systems
5. Perform other duties as assigned at the discretion of the Hospital.
6. Adhere to Hospital policies, including the Employee Handbook.

## EMPLOYMENT AGREEMENT

THIS EMPLOYMENT AGREEMENT ("Agreement") is effective the 1<sup>st</sup> day of April, 2021 ("Effective Date") by and between LAKE SHORE HOSPITAL AUTHORITY, with its principal place of business at 259 NE Franklin Street, Lake City, Florida, or its assigns, ("Hospital") and Leonard D. Cunningham ("Employee"). Hospital and Employee may be jointly referred to as "Parties."

In consideration of the mutual covenants and agreements contained herein, and other good and valuable consideration, including the Employee's employment with the Hospital, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

1. **EMPLOYMENT.** The Hospital employs Employee, and Employee accepts such employment, upon the terms and conditions set forth herein. Employee represents that Employee is entering into this Agreement voluntarily.
2. **DUTIES.** Pursuant to this Agreement, Employee shall assume such responsibilities and perform such duties as required as Maintenance Mechanic of the Hospital, as described in Exhibit "A" and such other duties as may be assigned to Employee from to time.
3. **WORK HOURS.** The Parties contemplate that the Employee's work hours will ordinarily average 40 hours per week. Notwithstanding, the Parties understand and agree that Employee's work hours during any particular workweek may vary above or below this average, and Employee's salary shall not be increased or decreased as a result.
4. **COMPENSATION AND BENEFITS.** Employee will receive as compensation for all services rendered \$52,000.00/\$25.00 hr., and in accordance with normal Hospital procedures shall be subject to all appropriate federal, state, and other applicable withholdings. The Hospital's obligation to pay Employee shall cease upon termination of Employee's employment with the Hospital for any reason and shall be prorated through the date of Employee's termination. All other benefits will be available pursuant to Hospital policy as modified from time to time.
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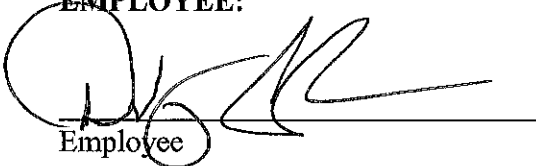


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- C. The Parties to this Agreement may execute their signatures in counterpart, each document of which may be considered as an original when executed.

**EMPLOYEE:**

  
\_\_\_\_\_  
Employee

4/1/21  
\_\_\_\_\_  
Date

**HOSPITAL:**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

## EXHIBIT A

**Position:**     Maintenance Mechanic

**Location:**    Lake Shore Hospital Authority

**Position Description:**

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  - Two (2) gas fired boilers with associated water treatment and pumping system;
  - Heat exchanger and two (2) 750-gallon water heaters;
  - Air handling equipment – forty (40) units; and
  - Exhaust fans – twenty-three (23) units.
2. Inspect, test, and maintain life safety systems to meet NFPA Life Safety Code that includes:
  - Generator and ten (10) automatic transfer switches;
  - 4,000-gallon underground storage fuel tank and monitoring system;
  - 2,500 GPM fire pump and sprinkler system;
  - Fire extinguishers and fire doors, including delayed egress;
  - Exit lighting and all other emergency egress lighting; and
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3. Domestic water system:
  - Flush all fixtures weekly.
  - Maintain circulating pumps.
4. Exterior of buildings:
  - Pressure wash entrances and walkways to all buildings.
  - Repair and maintain irrigation systems
5. Perform other duties as assigned at the discretion of the Hospital.
6. Adhere to Hospital policies, including the Employee Handbook.

368 NE Franklin Street Lake City, FL 32055  
386.292.8000

Lake Shore Hospital Authority  
Board of Trustees  
P.O. Box 988  
Lake City, FL 32056

Feb 17, 2021

Dear Lake Shore Hospital Authority Board of Directors,

It was brought to my attention by the Shared Services Center (the billing office of the Shands LakeShore Regional Medical Center facility) in Sarasota. There was one patient account that was missed during our final billing cycle to LakeShore Hospital Authority. This particular account was one where you would allow the facility to go back 90 days on behalf of a patient that was seen while they didn't have a card.

Somehow, this account was missed during the closing of the facility. We are asking you to consider payment on this patient's behalf.

Thank you,

*Lori Parrish*

Lori Parrish

Lori Parrish | Patient Financial Rep/Cashier | Shands Lake Shore Regional Medical Center |  
368 NE Franklin Street | Lake City, FL 32055 |  
Direct: 386-292-8038 | Fax: 386-292-8047 | | [lori.parrish@hma.com](mailto:lori.parrish@hma.com)

**SHANDS ASSISTANCE PROGRAM**  
SHANDSLAKE SHORE REGIONAL MEDICAL CENTER

February 8, 2021

Submitted to: Lake Shore Hospital Authority  
Board of Trustees  
P.O. Box 988  
Lake City, FL 32056

	<u>OUTPATIENT**</u>	<u>INPATIENT*</u>	<u>TOTAL</u>
Jan 2021	\$10,949.71		\$1,768.38
REIMBURSEMENT	\$1,768.38		\$1,768.38
<b>TOTAL REIMBURSEMENT</b> To Shands LakeShore Regional Medical Center			<b>\$1,768.38</b>

\*\*OUTPATIENT RATE 16.15% OF CHARGES  
\*INPATIENT RATE PER MS DRG

Approved by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

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

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

Shands Lake Shore  
 950 LAK / 666 LAK  
 Report Date = 8/7/2020

January-21

Patient Name	Account	Patient City	Admit	DC Date	Payor Code
[REDACTED]	8266472	LAKE CITY	4/26/2020	4/26/2020	666LAK

Admitting Doctor Name	PT	Subtype	2nd Payor	3rd Payor	Out-Pt Charges	In-Pt Charges
JANASIEWICZ, STANLEY	E	1	000	000	10,949.71	
					10,949.71	-
<b>Total charges</b>						<b>10,949.71</b>
<b>Total reimbursement</b>						

Out-Pt Allow	In-Pt Allow	DRG	Adjustments
1,768.38			
1,768.38	-		
	1,768.38		

**LEGEND:**

Pt Type:

E = Emergency

O = Out Patient

I = In Patient

R = Recurring

**Pt Sub Type**

5 = Observation

B = Birthplace

C = CT scan

E = Cardiology/EKG

K = Chemo/Radiation Therapy

L = Lab

M = MRI

N = Nuclear Medicine

O = Mammogram

P = Physical Therapy

R - Respiratory

S = Day Surgery

U = Ultrasound

X = X-ray



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## KOBERLEIN LAW OFFICES

FRED KOBERLEIN, JR., B.C.S. | MEAGAN STANDARD | FRED KOBERLEIN, SR.

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April 1, 2021

Chairman Brandon Beil & Board Members  
Lake Shore Hospital Authority  
Lake City, Florida 32055

**RE: Shands Teaching Hospital and Clinics, Inc.**

Dear Chairman and Board Members:

Please accept this correspondence as the formal response to your inquiry concerning the obligations of the Authority to pay a bill received from Shands Lake Shore Regional Medical Center (hereinafter “Shands” or “Lessee”). Specifically, the Authority has received a written request from Shands Lake Shore Regional Medical Center (hereinafter “Shands”) dated February 17, 2021 (hereinafter “bill”), wherein Shands requests payment for services that were rendered on, or about, April 26, 2020. Additionally, I have been asked to opine on the question of whether a legal precedent would be established if the bill is paid when no legal obligation to do so exists.

The Authority and Shands agreed to terminate the Leasing of the Hospital Facilities in accordance with the terms and conditions of the *Settlement, Release and Termination of Lease Agreement* (hereinafter “Settlement Agreement”) dated June 26, 2020. The Settlement Agreement terminated the “*Lease, Sublease, Indigent Care Agreement, and all related assignments, subleases and amendments ...*” as of September 30, 2020. As part of the Settlement Agreement, the Authority did agree to reimburse HMA Lake Shore, Lake Shore HMA, HMA or any affiliate for outstanding indigent accounts not settled by September 30, 2020, in accordance with the Indigent Care Agreement.

Based on the foregoing the Indigent Care Agreement (Exhibit B to the Lease) controls the repayment of outstanding indigent accounts that were not settled by September 30, 2020. Section 3.1 (d) of the Indigent Care Agreement requires the Lessee to submit bills for services to Qualified Individuals to the Authority within three (3) months from the date on which the Qualified Individual was either discharged or the date on which outpatient or Emergency Department services were provided. Additionally, the Lessee must include “... *the name, address, income level, reason and date of treatment.*”

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**LAKE CITY**

Telephone: 386.269.9802  
Facsimile: 888.908.8699

**GAINESVILLE SATELLITE OFFICE**

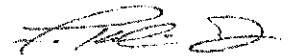
Telephone: 352.519.4357  
Facsimile: 888.908.8699

The bill submitted to the Authority references the services provided as Emergency Department services. The invoice or bill does not include the itemized information for Emergency Department billings required by section 3.1(d) of the Indigent Care Agreement. Based on the fact that the bill includes Emergency Department services that were rendered more than three (3) months prior to the Authority's receipt of the bill and the bill is void of the information required pursuant to section 3.1(d), Indigent Care Agreement, I am of the opinion that the Authority is under no contractual obligation to pay the bill.

Based on the review of the foregoing instruments the Authority appears to be under no contractual or legal obligation to pay the bill, and no contrary evidence has been presented to the Authority by Shands. Although there is no obligation to pay the bill, the act of paying the bill is still unlikely to create a binding precedent because a pattern of conduct is not created by one instance of conduct. The Authority may consider each request on a case-by-case basis to avoid the appearance that all bills will be paid regardless of the timely submission. When considering any request the Authority must always weigh the underlying and fundamental purposes for which the Authority has been created when considering whether to expend public funds on services or commodities in the absence of an obligation to expend the public funds. In this instance, if the Authority desires to pay the bill then the Authority Board should consider the request for payment and any motion should include the factual reasons that support the payment. Otherwise, the request for payment should be denied.

As always, please do not hesitate to contact me to discuss this subject.

Respectfully,



Fred Koberlein, Jr.,

Cc (via e-mail only):  
Executive Director

## Service Provision Agreement

THIS IS A SERVICE PROVISION AGREEMENT (“Agreement”) regarding partnership with the:

Partnership for Strong Families’ Resource Centers, which include:

- The Library Partnership - (352) 334-0160
- The SWAG Family Resource Center - (352) 505-6823
- The Cone Park Library Resource Center - (352) 334-0456
- The Tri-County Community Resource Center - (352) 507-4000
- The NorthStar Family Resource Center – (386) 758-3319

made and entered into by and between:

### **LAKE SHORE HOSPITAL AUTHORITY (LSHA)**

whose principal address is 259 NE Franklin Street, Suite 102, Lake City, FL and

### **PARTNERSHIP FOR STRONG FAMILIES, INC. (PSF)**

whose principal address is 5950 NW 1<sup>st</sup> Place, Suite A, Gainesville, FL 32607 (each, a “Party” and collectively, the “Parties”).

The parties agree together as follows:

1. This Agreement shall become effective when signed by both Parties and will continue until either party gives the other written notice of termination, which shall take effect thirty (days) after the date of such notice. This agreement may be reviewed and amended on an annual basis by written mutual agreement between both parties. The Parties may terminate the agreement at any time by notifying the other Party’s contact in writing.
2. Each party agrees to provide reasonable assistance and work in good faith with the other to implement this Agreement.
3. PSF will provide scheduled access to office and common areas space at the resource center(s), as available, and will maintain an updated facility calendar showing scheduled office and common space use, as well as all scheduled events.
4. PSF staff (or designee) will be present during all scheduled uses of resource center(s) office or common area space.
5. LSHA agrees to schedule its use of office or common area space at the resource center(s) through PSF’s Resource Center Managers (or designee) as far in advance as possible, and to use such space to conduct programs that benefit individuals and families surrounding the resource center(s) and address the following Protective Factor categories:  
(Please check all that apply and insert activities that LSHA will provide)

Concrete Support: Referral-based financial assistance for medical needs to eligible patrons requiring non-elective (emergency) hospital services that are not covered by any form of insurance or government program.

Knowledge of Parenting and Child Development:



Social-Emotional Competence of Children:

Social Connections:

Parental Resilience: LSHA will facilitate and participate in events focused on topics such as financial literacy related to individual and family health care expenses

Other:

6. LSHA agrees to each of the following as a condition of using resource center(s) office or common area space:
- a. LSHA representative will always be present for the set-up, duration, and clean-up associated with its use of any space.
  - b. LSHA representative will bring to its scheduled meeting or event all necessary information, material, supplies and copies.
  - c. LSHA representative conducting a scheduled meeting or event will always document staff and visitor attendance on a resource center(s) sign-in sheet, and will turn in same to PSF staff immediately following the meeting or event.
  - d. LSHA representative will arrange the scheduled space, including any area furniture, just prior to each use, and immediately after same will clean up and restore the space to its previous state.
  - e. LSHA will give its staff a copy of PSF's resource center(s) Policies and Procedures and the representative will follow same at all times during any use of office or common space.
  - f. LSHA will ensure that its staff and other representatives that will be working with children (unemancipated persons under the age of 18) have been background screened (Level II), including Social Security Verification.
  - g. If a scheduled use of any space must be canceled, LSHA will inform PSF's Resource Center Manager (or designee), as far in advance as possible, that the previously-scheduled space will be available. In addition LSHA will make all reasonable efforts to notify patrons in advance of a canceled meeting, or will post notices at the resource center(s) and make all other reasonable efforts to notify the public in advance of a canceled event.
  - h. LSHA agrees to indemnify, defend and hold harmless PSF and all of its officers, agents and employees from any and all claims, damages, lawsuits and judgments, including all attorneys' fees and costs, arising out of any act or omission by LSHA during the performance of LSHA obligations under this agreement. PSF and LSHA agree that LSHA shall have no obligation to indemnify, defend or hold harmless PSF for claims, damages, lawsuits and judgments arising solely from PSF's own negligence.
7. Each Party shall participate in training as necessary to establish and promote resource center(s) services and activities, and to share information regarding training opportunities for staff or visitors.
8. Each Party shall provide its services and related supplies, material literature and copies at no cost to any of the resource center(s) patrons.
9. Each party shall adhere to all applicable laws and regulations protecting the rights of resource center(s) visitors with respect to any information created, maintained, or used.

10. Each Party shall work with others to share information about resource center services and use, within applicable legal limits.
11. Each Party agrees to comply with the following steps to resolve any dispute:
  - a. Step 1 is resolution of the dispute between the PSF staff and the LSHA staff involved.
  - b. If necessary, Step 2 is to elevate resolution of the dispute to the PSF Resource Center Manager, and their equivalent for LSHA. In the event the dispute is not resolved at that level, the resolution would be elevated to the PSF Director of Resource Centers and their equivalent and then, if no resolution, the PSF Senior VP of Clinical and Community Services and their equivalent as necessary. In the event the dispute cannot be resolved using this process, the final decision will be made by the CEO of the Partnership, or the CEO's designee.
12. The Parties shall not discriminate in the provision of any programs or services, or against any employee in the performance of the Agreement, or against any applicant for employment, on the basis of age, disability, equal pay/compensation, race or color, genetic information, national origin, religion, marital status, pregnancy or sex, nor will either party engage in sexual harassment or retaliation. All contractors, subcontractors, agents, subgrantees, or others with whom PSF arranges to provide services or benefits to participants, clients or employees in connection with any of its programs and activities will not discriminate against those participants, clients or employees because of age, race, religion, color, disability, national origin, marital status or sex.
13. Each Party agrees that any change in terms or conditions of this Agreement must be in writing and signed by both Parties.
14. Each Party shall give notice in writing to the other as follows:
  - a.
 

<p>Frederick Koberlein                Attorney for                City of Lake City, Florida                855 SW Baya Drive                Lake City, FL 32025</p>	<p>Linda Means                Contract Manager                Partnership for Strong Families                5950 NW 1<sup>st</sup> Place, Suite A                Gainesville, FL 32607</p>
--	---
15. Each party agrees that in the event PSF establishes additional Resource Centers and LSHA agrees to provide services at those Resource Centers, this agreement will be in effect and a new agreement will not be required.

**LAKE SHORE HOSPITAL  
 AUTHORITY**

**PARTNERSHIP FOR  
 STRONG FAMILIES, INC.**

NAME Dale Williams

NAME Stephen Pennypacker

TITLE Executive Director

TITLE President and CEO

SIGNED \_\_\_\_\_

SIGNED  \_\_\_\_\_

DATE \_\_\_\_\_

DATE March 10, 2021

**LAKE SHORE HOSPITAL AUTHORITY MEDICAL ASSISTANCE PLAN –  
HOSPITAL PAYMENT AGREEMENT**

THIS AGREEMENT is entered into by and between the Lake Shore Hospital Authority of Columbia County (the “Authority”) and Notami Hospitals of Florida, Inc. d/b/a Lake City Medical Center (“LCMC”).

**RECITALS**

WHEREAS, the Authority was duly created by special act of the Florida Legislature, Chapter 63-1247, Laws of Florida;

WHEREAS, pursuant to Chapter 65-1414, Section 1, Laws of Florida, the Authority was given the power to request that the Board of County Commissioners of Columbia County (the “Board”) levy a tax not to exceed three (3) mills for the maintenance and operation of Lake Shore Hospital (now known as Shands at Lake Shore) and care of the indigent at Lake Shore Hospital;

WHEREAS, pursuant to Chapter 65-1414, Section 2, Laws of Florida, the Board, upon such request of the Authority, was to impose a tax for the maintenance and operation of Lake Shore Hospital and care of the indigent at Lake Shore Hospital;

WHEREAS, Chapter 65-1414, Section 1, Laws of Florida was amended by Chapter 90-409, Laws of Florida to provide that the Authority may request the Board to levy a tax for the maintenance and operation of Lake Shore Hospital and for providing health care to the indigent residents of Columbia County;

WHEREAS, House Bill 999, passed by the 2005 Florida Legislature, amends, reenacts, and repeals all prior Special Acts relating to the Authority, including, but not limited to, Chapter 65-1414, Laws of Florida and Chapter 90-409, Laws of Florida;

WHEREAS, pursuant to House Bill 999, Section 7(8)(b), the Authority is granted the power to enter into contracts or other agreements with hospitals, health care providers, and facilities located in Columbia County for the provision of health care services to indigent residents of Columbia County;

WHEREAS, LCMC is a Florida corporation in good standing, duly licensed by the State of Florida to operate Lake City Medical Center, a general acute care hospital located at in Lake City, Columbia County; and

WHEREAS, LCMC provides significant inpatient and outpatient acute care hospital services to the indigent residents of Columbia County: and

WHEREAS, LCMC thereby qualifies for the receipt of funds from the Authority to provide health care to the indigent residents of Columbia County;

NOW, THEREFORE, in consideration of the foregoing and of the mutual covenants, promises and undertakings herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties mutually agree as follows:

### **1.0 DEFINITIONS**

For the purposes of this Agreement, the following terms shall have the meanings specified:

**1.1 “Authority Patient”** means a person who is determined by the Authority to be eligible to receive Covered Services as determined by the Authority’s Eligibility Guidelines.

**1.2 “Covered Services”** means those health care services Authority patients are entitled to receive through the Authority’s Medical Assistance Plan and for which the Authority has agreed to compensate LCMC.

**1.3 “Emergency”** means the sudden and unexpected onset of acute illness or accidental injury requiring immediate medical intervention as the result of a severe, life threatening or potentially disabling condition.

### **2.0 PROVISION OF HOSPITAL SERVICES**

**2.1 Hospital Services.** LCMC acknowledges that the Authority does not, by this Agreement or otherwise, guarantee to LCMC a minimum number of admissions by Authority Patients. LCMC agrees to provide Covered Services to Authority Patients in accordance with the same standards and within the same time availability as provided to its other patients.

**2.2 Admissions.** LCMC shall verify a patient’s eligibility as an Authority Patient who presents himself/herself as defined by Authority Board.

### **3.0 COMPENSATION**

**3.1 LCMC Compensation.** The Authority shall compensate LCMC for Medically Necessary Covered Services rendered to an Authority Patient in accordance with Medicaid compensation rates, including ancillary services, to approved clients under the Authority’s Medical Assistance Plan. There will be no limit as to the number of days compensated. The Authority will not compensate LCMC for physician professional services.

**3.2 Coverage Verification and Recoveries from Third Parties.** Prior to providing services to any patient who presents himself/herself as an Authority Patient, LCMC shall verify an Authority Patient’s eligibility for coverage by the Authority. The Authority will provide LCMC with a telephone number to call during normal working hours to verify an Authority Patient’s eligibility. LCMC shall cooperate with the Authority and other Payors in determining whether an Authority Patient’s illness or injury is covered by auto insurance or other health insurance or otherwise gives rise to a claim by the

Authority by virtue of coordination of benefits or subrogation. LCMC agrees to take any and all actions reasonably necessary to assist the Authority in obtaining recoveries from third parties, including executing any and all documents that reasonably may be required to enable the Authority to bill and/or collect payments from any third parties, assigning all rights to recover and all payments to the Authority, and the right to settle claims with such third parties on behalf of LCMC.

**3.3 Billing.** LCMC shall submit claims to the Authority for Medically Necessary Covered Services on billing form UB-92. LCMC shall use its best efforts to submit claims within thirty (30) days after the provision of such services or within thirty (30) days after hospital discharge, whichever is applicable, but in no event later than sixty (60) days after the provision of such services, sixty (60) days after hospital discharge or within sixty (60) days after a determination that the Authority Patient is not eligible to receive Medicaid or other benefits from any Payor, whichever is applicable. The Authority will make payment on each claim in accordance with Paragraph 3.1 above when such claims are in the appropriate form and are accurate and complete.

**3.4 Hold Harmless.** LCMC shall not, either directly or indirectly, bill, charge, or seek compensation from Authority Patients for Covered Services rendered; provided, however, that nothing herein shall be construed to prohibit LCMC from collecting or pursuing collection of Authority authorized copayments, deductibles, coinsurance or charges for non-Covered Services or seeking payment from other Payors.

#### **4.0 TERM AND TERMINATION**

**4.1 Term and Renewal.** This Agreement will be effective on execution by the Authority and the renewal term shall continue in effect until the next following September 30 (the "Anniversary Date"). Thereafter, the Agreement shall be automatically renewed for successive one-year terms beginning on October 1 of each year unless the Agreement is terminated without cause at any time by either party upon not less than sixty (60) days' prior written notice.

**4.2 Termination Upon Breach.** This Agreement may be terminated by either party by giving thirty (30) days' written notice to the other party of a breach of the Agreement. Any such termination shall be effective on the date stated in the notice of termination unless the other party cures the breach to the satisfaction of the non-breaching party prior to the expiration of the thirty (30) days following receipt of such written notice.

#### **5.0 DEFAULT AND REMEDIES**

**5.1 Default.** The failure of any party to duly and punctually observe and perform any of the obligations, covenants, terms or provisions of this Agreement to be observed or performed by such party, or any warranty, covenant or representation made herein or otherwise made in writing in connection herewith by a party proving to have been false or misleading when so made, shall constitute a default hereunder by such party.

**5.2 Remedies.** Upon the occurrence of any such default, the non-defaulting party shall have the right, in its sole discretion, to determine which rights or remedies it shall pursue, without modifying or affecting any of its other rights or remedies, including, but not limited to, pursuing any rights or remedies provided pursuant to the terms of this Agreement, terminating this Agreement and/or pursuing any of the rights and remedies provided under statute, common law or equity, including, but not limited to, an injunction restraining such breach.

## **6.0 MISCELLANEOUS PROVISIONS**

**6.1 Amendments.** The provisions of this Agreement may not be amended, supplemented, waived or changed orally or by course of conduct of the parties but only by a writing signed by the party as to whom enforcement of any such amendment, supplement, waiver or modification is sought and making specific reference to this Agreement.

**6.2 Assignment.** This Agreement, being intended to secure the services of LCMC, shall not in any manner be assigned, delegated, or transferred by LCMC to another hospital, person or entity without the prior written consent of the Authority. Any such transfer or assignment shall be void and without force or effect. The Authority may assign this Agreement to any entity that is controlled by the Authority now or in the future.

**6.3 Notices.** All notices, requests, consents or other communications required or permitted under this Agreement shall be in writing and shall be (as elected by the person giving such notice) hand-delivered by messenger or courier service, telecommunicated or mailed by certified mail, return receipt requested, addressed to the parties at the addresses set forth below or to such other addresses any party may designate by notice complying with the terms of this section. Each such notice will be deemed delivered (1) on the date delivered if by personal delivery, (2) on the date telecommunicated if confirmed by answer back and (3) on the date on which the return receipt is signed or delivery is refused or the notice is designated by postal authorities as not deliverable, if mailed.

**6.4 Relationship of Parties.** Except as specifically set forth elsewhere in this Agreement, the relationship between the Authority and LCMC is that of independent contractors, and neither shall be considered a joint venture, partner, agent, representative or other relationship of the other for any purpose expressly or by implication.

**6.5 Binding Effect.** All of the terms and provisions of this Agreement, whether so expressed or not, shall be binding upon, inure to the benefit of, and be enforceable by the parties and their respective administrators, executors, legal representatives, heirs, successors, and permitted assigns.

**6.6 Headings.** The headings contained in this Agreement are for convenience or reference only, and shall not limit or otherwise effect in any way the meaning or interpretation of this Agreement.

**6.7 Severability.** Without limiting the effect of Section 6.1 above, if any part of this Agreement is contrary to, prohibited by or deemed invalid under applicable law or regulation, such

provision shall be inapplicable and deemed omitted to the extent so contrary, prohibited or invalid, but the remainder hereof shall not be invalidated thereby and shall be given full force and effect so far as possible.

**6.8 Waivers.** The failure or delay of any party at any time to require performance by the other party of any provision of this Agreement, even in known, shall not affect the right of such party to require performance of that provision or to exercise any right, power or remedy hereunder, and any waiver by any party of any breach of any provision of this Agreement shall not be construed as a waiver of a continuing or succeeding breach of such provision, a waiver of the provision itself or a waiver of any right, power or remedy under this Agreement. No notice to or demand on any party in any case shall, of itself, entitle such party to any other further notice or demand in similar or other circumstances.

**6.9 Rights of Other Parties.** Except as provided in Paragraph 3.5 of this Agreement, nothing contained herein, whether express or implied, is intended to confer any rights or remedies under or by reason of this Agreement on any persons other than the parties hereto and their respective administrators, executors, legal representatives, heirs and permitted assigns, nor is anything in this Agreement intended to relieve or discharge the obligation or liability of any third person to any party to this Agreement nor shall any provision give any third persons any right of subrogation or action over or against any party to this Agreement.

**6.10 Governing Law; Venue; Jurisdiction.** This Agreement and all transactions contemplated by this Agreement shall be governed by, and construed and enforced in accordance with, the laws of the State of Florida without regard to principles of conflicts of law. Each of the parties (1) agrees that any suit, action or legal proceeding relating to this Agreement may be brought in the courts of the State of Florida in Columbia County, (2) consents to the jurisdiction of such court in any suit, action or proceeding, (3) waives any objection which it may have to the laying of venue of any such suit, action or proceeding in any such court, and (4) agrees that service of any court paper may be effected on such party by mail, as provided in this Agreement, or in such other manner as may be provided under applicable laws or court rules of the State of Florida.

**6.11 Sovereign Immunity.** This Agreement shall not be construed as constituting a waiver of any rights to sovereign immunity granted to the Authority under the laws or constitution of the State of Florida.

**6.12 Attorneys' Fees.** If any legal action or other proceeding is brought for the enforcement of this Agreement, or because of an alleged dispute, breach, default or misrepresentation in connection with any provisions of this Agreement, each party shall be responsible for paying their own attorneys' fees, court costs and all expenses even if not enforceable as court costs (including, without limitation, all such fees, costs and expenses incident to appeals), incurred in that action or proceeding.

**6.13 Regulatory Requirements.** The parties expressly agree that nothing contained in this Agreement shall require either party to refer or admit any patients to, or order any goods or services from each other. Notwithstanding any unanticipated effect of any provision of this Agreement, the parties intend to comply with 42 U.S.C. § 1320a-7b (commonly known as the Anti-Kickback Statute), 42 U.S.C. § 1395nn (commonly known as the Stark law) and any other federal or state law provision

governing fraud and abuse or self-referrals under the Medicare or Medicaid programs, as such provisions may be amended from time to time.

**6.14 Entire Agreement.** This Agreement, and the documents and manuals referred to herein, represent the entire understanding and agreement among the parties with respect to the subject matter hereof, and supersede all other negotiations, understandings and representations, if any, made by and between the parties.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year stated.

**NOTAMI HOSPITALS OF FLORIDA, INC.,  
d/b/a LAKE CITY MEDICAL CENTER**

**LAKE SHORE HOSPITAL AUTHORITY  
OF COLUMBIA COUNTY**

\_\_\_\_\_  
By: Rick Naegler, Chief Executive Officer

\_\_\_\_\_  
By: \_\_\_\_\_

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

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

Office Address:

Lake City Medical Center  
340 NW Commerce Drive  
Lake City, FL 32055

Address for Payment:

P.O. Box 406352  
Atlanta, GA 30384

Provider Tax Identification Number: 95-4176924



Lake Shore Hospital Authority Tabulation - Invitation to Quote Interest Rates - 2021-001

Denominations (\$1,000's)	Maturity	Ameris	Drummond	First Fed	New Millenium	Renasant	TD
					DID NOT QUOTE	DID NOT QUOTE	
\$250 - \$500	6 months	0.15%	0.25%	0.30%			0.07%
Net Earnings Per \$1,000,000		\$748.23	\$1,250.00	\$1,500.56			\$350.00
	12 months	0.15%	0.25%	0.30%			0.08%
		\$1,505.24	\$2,500.00	\$3,003.38			\$800.00
	18 months	0.20%	0.50%	0.30%			0.10%
		\$3,012.74	\$7,500.00	\$4,508.45			\$1,500.00
	24 months	0.20%	0.50%	0.30%			0.10%
		\$4,013.50	\$10,000.00	\$6,015.77			\$2,000.00
\$500 - \$1,000	6 months	0.15%	0.25%	0.30%			0.07%
Net Earnings Per \$1,000,000		\$748.23	\$1,250.00	\$1,500.56			\$350.00
	12 months	0.15%	0.25%	0.30%			0.08%
		\$1,505.24	\$2,500.00	\$3,003.38			\$800.00
	18 months	0.20%	0.50%	0.30%			0.10%
		\$3,012.74	\$7,500.00	\$4,508.45			\$1,500.00
	24 months	0.20%	0.50%	0.30%			0.10%
		\$4,013.50	\$10,000.00	\$6,015.77			\$2,000.00
\$1000 - \$2,000	6 months	0.15%	0.25%	0.30%			0.07%
Net Earnings Per \$1,000,000		\$748.23	\$1,250.00	\$1,500.56			\$350.00
	12 months	0.15%	0.25%	0.30%			0.08%
		\$1,505.24	\$2,500.00	\$3,003.38			\$800.00
	18 months	0.20%	0.50%	0.30%			0.10%
		\$3,012.74	\$7,500.00	\$4,508.45			\$1,500.00
	24 months	0.20%	0.50%	0.30%			0.10%
		\$4,013.50	\$10,000.00	\$6,015.77			\$2,000.00
\$2,000 - \$3,000	6 months	0.15%	0.25%	0.30%			0.07%
Net Earnings Per \$1,000,000		\$748.23	\$1,250.00	\$1,500.56			\$350.00
	12 months	0.15%	0.25%	0.30%			0.08%
		\$1,505.24	\$2,500.00	\$3,003.38			\$800.00
	18 months	0.20%	0.50%	0.30%			0.10%
		\$3,012.74	\$7,500.00	\$4,508.45			\$1,500.00
	24 months	0.20%	0.50%	0.30%			0.10%
		\$4,013.50	\$10,000.00	\$6,015.77			\$2,000.00

TO BE RETURNED BY 9:00 AM ON APRIL 1, 2021

Quote Form  
Interest Rates – Certificates of Deposit  
(No. 2021-001)  
Lake Shore Hospital Authority

<u>Denominations</u> (in thousands)	<u>Maturity</u>			
	<u>6 months</u>	<u>12 months</u>	<u>18 months</u>	<u>24 months</u>
\$250 - \$500	<u>.15 %</u>	<u>.15 %</u>	<u>.20 %</u>	<u>.20 %</u>
Net Earnings Per \$1,000,000	<u>\$748.23</u>	<u>\$1,505.24</u>	<u>\$3,012.74</u>	<u>\$4,013.50</u>
\$500 - \$1,000	<u>.15 %</u>	<u>.15 %</u>	<u>.20 %</u>	<u>.20 %</u>
Net Earnings Per \$1,000,000	<u>\$748.23</u>	<u>\$1,505.24</u>	<u>\$3,012.74</u>	<u>\$4,013.50</u>
\$1,000 - \$2,000	<u>.15 %</u>	<u>.15 %</u>	<u>.20 %</u>	<u>.20 %</u>
Net Earnings Per \$1,000,000	<u>\$748.23</u>	<u>\$1,505.24</u>	<u>\$3,012.74</u>	<u>\$4,013.50</u>
\$2,000 - \$3,000	<u>.15 %</u>	<u>.15 %</u>	<u>.20 %</u>	<u>.20 %</u>
Net Earnings Per \$1,000,000	<u>\$748.23</u>	<u>\$1,505.24</u>	<u>\$3,012.74</u>	<u>\$4,013.50</u>

I attest to and certify that I am a duly authorized representative of the financial institution named below and that I am authorized to offer the interest rates submitted. I further attest that I have read and understand the specifications prepared for this quote.

Financial Institution: Ameris Bank  
Address: 2357 W. US Hwy 90, Lake City, FL 32055

Authorized Signature: [Signature]  
(Printed) Maggie Bennett  
(Title) AVP / ABM  
(Phone) 386-243-6271

RECEIVED  
3-30-21

TO BE RETURNED BY 9:00 AM ON APRIL 1, 2021

Quote Form  
Interest Rates – Certificates of Deposit  
(No. 2021-001)  
Lake Shore Hospital Authority

<u>Denominations</u> (in thousands)	<u>Maturity</u>			
	<u>6 months</u>	<u>12 months</u>	<u>18 months</u>	<u>24 months</u>
\$250 - \$500 Net Earnings Per \$1,000,000	<u>.25 %</u> <u>\$1,250</u>	<u>.25 %</u> <u>\$2,500</u>	<u>.50 %</u> <u>\$7,500</u>	<u>.50 %</u> <u>\$10,000</u>
\$500 - \$1,000 Net Earnings Per \$1,000,000	<u>.25 %</u> <u>\$1,250</u>	<u>.25 %</u> <u>\$2,500</u>	<u>.50 %</u> <u>\$7,500</u>	<u>.50 %</u> <u>\$10,000</u>
\$1,000 - \$2,000 Net Earnings Per \$1,000,000	<u>.25 %</u> <u>\$1,250</u>	<u>.25 %</u> <u>\$2,500</u>	<u>.50 %</u> <u>\$7,500</u>	<u>.50 %</u> <u>\$10,000</u>
\$2,000 - \$3,000 Net Earnings Per \$1,000,000	<u>.25 %</u> <u>\$1,250</u>	<u>.25 %</u> <u>\$2,500</u>	<u>.50 %</u> <u>\$7,500</u>	<u>.50 %</u> <u>\$10,000</u>

I attest to and certify that I am a duly authorized representative of the financial institution named below and that I am authorized to offer the interest rates submitted. I further attest that I have read and understand the specifications prepared for this quote.

Financial Institution: Drummond Community Bank  
Address: 350 SW Main Blvd., Lake City, FL 32025

Authorized Signature: [Signature]  
(Printed) Heather Gray  
(Title) SVP / Private Banker  
(Phone) 386-487-1375

RECEIVED  
3-26-21

TO BE RETURNED BY 9:00 AM ON APRIL 1, 2021

Quote Form  
Interest Rates – Certificates of Deposit  
(No. 2021-001)  
Lake Shore Hospital Authority

<u>Denominations</u> (in thousands)	<u>Maturity</u>			
	<u>6 months</u>	<u>12 months</u>	<u>18 months</u>	<u>24 months</u>
\$250 - \$500 Net Earnings Per \$1,000,000* <small>* or fraction thereof</small>	<u>0.30 %</u> \$1,500.56	<u>0.30 %</u> \$3,003.38	<u>0.30 %</u> \$4,508.45	<u>0.30 %</u> \$6,015.19
\$500 - \$1,000 Net Earnings Per \$1,000,000* <small>* or fraction thereof</small>	<u>0.30 %</u> \$1,500.56	<u>0.30 %</u> \$3,003.38	<u>0.30 %</u> \$4,508.45	<u>0.30 %</u> \$6,015.19
\$1,000 - \$2,000 Net Earnings Per \$1,000,000 *	<u>0.30 %</u> \$1,500.56	<u>0.30 %</u> \$3,003.38	<u>0.30 %</u> \$4,508.45	<u>0.30 %</u> \$6,015.19
\$2,000 - \$3,000 Net Earnings Per \$1,000,000 *	<u>0.30 %</u> \$1,500.56	<u>0.30 %</u> \$3,003.38	<u>0.30 %</u> \$4,508.45	<u>0.30 %</u> \$6,015.19

NOTE: EARNINGS Assume interest compounded/credited Quarterly.

I attest to and certify that I am a duly authorized representative of the financial institution named below and that I am authorized to offer the interest rates submitted. I further attest that I have read and understand the specifications prepared for this quote.

Financial Institution: FIRST FEDERAL BANK  
Address: 4705 W. US Hwy 90, LAKE CITY, FL 32055

Authorized Signature: Stephanie McClendon  
(Printed) STEPHANIE McCLENDON  
(Title) Exec. Vice Pres. / Chief of RETAIL COMM. BANKING  
(Phone) 386-755-0600, EXT 3801

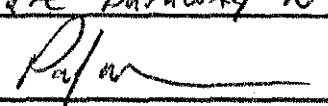
RECEIVED  
3-31-21

TO BE RETURNED BY 9:00 AM ON APRIL 1, 2021

Quote Form  
Interest Rates – Certificates of Deposit  
(No. 2021-001)  
Lake Shore Hospital Authority

<u>Denominations</u> (in thousands)	<u>Maturity</u>			
	<u>6 months</u>	<u>12 months</u>	<u>18 months</u>	<u>24 months</u>
\$250 - \$500 Net Earnings Per \$1,000,000	<u>0.07 %</u> <u>\$350.00</u>	<u>0.08 %</u> <u>\$800.00</u>	<u>0.10 %</u> <u>\$1500.00</u>	<u>0.10 %</u> <u>\$2000.00</u>
\$500 - \$1,000 Net Earnings Per \$1,000,000	<u>0.07 %</u> <u>\$350.00</u>	<u>0.08 %</u> <u>\$800.00</u>	<u>0.10 %</u> <u>\$1500.00</u>	<u>0.10 %</u> <u>\$2000.00</u>
\$1,000 - \$2,000 Net Earnings Per \$1,000,000	<u>0.07 %</u> <u>\$350.00</u>	<u>0.08 %</u> <u>\$800.00</u>	<u>0.10 %</u> <u>\$1500.00</u>	<u>0.10 %</u> <u>\$2000.00</u>
\$2,000 - \$3,000 Net Earnings Per \$1,000,000	<u>0.07 %</u> <u>\$350.00</u>	<u>0.08 %</u> <u>\$800.00</u>	<u>0.10 %</u> <u>\$1500.00</u>	<u>0.10 %</u> <u>\$2000.00</u>

I attest to and certify that I am a duly authorized representative of the financial institution named below and that I am authorized to offer the interest rates submitted. I further attest that I have read and understand the specifications prepared for this quote.

Financial Institution: TD BANK N.A.  
Address: 9715 Gate Parkway N, Jacksonville, FL, 32246  
Authorized Signature:   
(Printed) PATRICK T. MURRAY  
(Title) VICE PRESIDENT, GOVERNMENT BANKING  
(Phone) 860-999-4629

RECEIVED  
3-31-21

Lake Shore Hospital Authority Tabulation - Invitation to Quote Interest Rates - 2021-002

Denominations (\$1,000's)	Maturity	Ameris	Drummond	First Fed	New Millenium	Renasant	TD
					DID NOT QUOTE	DID NOT QUOTE	
\$250 - \$500	6 months	0.15%	0.25%	0.30%			0.07%
Net Earnings Per \$1,000,000		\$748.23	\$1,250.00	\$1,500.56			\$350.00
	12 months	0.15%	0.25%	0.30%			0.08%
		\$1,505.24	\$2,500.00	\$3,003.38			\$800.00
	18 months	0.20%	0.50%	0.30%			0.10%
		\$3,012.74	\$7,500.00	\$4,508.45			\$1,500.00
	24 months	0.20%	0.50%	0.30%			0.10%
		\$4,013.50	\$10,000.00	\$6,015.77			\$2,000.00
\$500 - \$1,000	6 months	0.15%	0.25%	0.30%			0.07%
Net Earnings Per \$1,000,000		\$748.23	\$1,250.00	\$1,500.56			\$350.00
	12 months	0.15%	0.25%	0.30%			0.08%
		\$1,505.24	\$2,500.00	\$3,003.38			\$800.00
	18 months	0.20%	0.50%	0.30%			0.10%
		\$3,012.74	\$7,500.00	\$4,508.45			\$1,500.00
	24 months	0.20%	0.50%	0.30%			0.10%
		\$4,013.50	\$10,000.00	\$6,015.77			\$2,000.00
\$1000 - \$2,000	6 months	0.15%	0.25%	0.30%			0.07%
Net Earnings Per \$1,000,000		\$748.23	\$1,250.00	\$1,500.56			\$350.00
	12 months	0.15%	0.25%	0.30%			0.08%
		\$1,505.24	\$2,500.00	\$3,003.38			\$800.00
	18 months	0.20%	0.50%	0.30%			0.10%
		\$3,012.74	\$7,500.00	\$4,508.45			\$1,500.00
	24 months	0.20%	0.50%	0.30%			0.10%
		\$4,013.50	\$10,000.00	\$6,015.77			\$2,000.00
\$2,000 - \$3,000	6 months	0.15%	0.25%	0.30%			0.07%
Net Earnings Per \$1,000,000		\$748.23	\$1,250.00	\$1,500.56			\$350.00
	12 months	0.15%	0.25%	0.30%			0.08%
		\$1,505.24	\$2,500.00	\$3,003.38			\$800.00
	18 months	0.20%	0.50%	0.30%			0.10%
		\$3,012.74	\$7,500.00	\$4,508.45			\$1,500.00
	24 months	0.20%	0.50%	0.30%			0.10%
		\$4,013.50	\$10,000.00	\$6,015.77			\$2,000.00

TO BE RETURNED BY 9:00 AM ON APRIL 10, 2021

Quote Form  
Interest Rates – Certificates of Deposit  
(No. 2021-002)  
Lake Shore Hospital Authority

<u>Denominations</u> (in thousands)	<u>Maturity</u>			
	<u>6 months</u>	<u>12 months</u>	<u>18 months</u>	<u>24 months</u>
\$250 - \$500	<u>.15</u> %	<u>.15</u> %	<u>.20</u> %	<u>.20</u> %
Net Earnings Per \$1,000,000	<u>\$748.23</u>	<u>\$1505.24</u>	<u>\$3012.74</u>	<u>\$4013.50</u>
\$500 - \$1,000	<u>.15</u> %	<u>.15</u> %	<u>.20</u> %	<u>.20</u> %
Net Earnings Per \$1,000,000	<u>\$748.23</u>	<u>\$1505.24</u>	<u>\$3012.74</u>	<u>\$4013.50</u>
\$1,000 - \$2,000	<u>.15</u> %	<u>.15</u> %	<u>.20</u> %	<u>.20</u> %
Net Earnings Per \$1,000,000	<u>\$748.23</u>	<u>\$1505.24</u>	<u>\$3012.74</u>	<u>\$4013.50</u>
\$2,000 - \$3,000	<u>.15</u> %	<u>.15</u> %	<u>.20</u> %	<u>.20</u> %
Net Earnings Per \$1,000,000	<u>\$748.23</u>	<u>\$1505.24</u>	<u>\$3012.74</u>	<u>\$4013.50</u>

I attest to and certify that I am a duly authorized representative of the financial institution named below and that I am authorized to offer the interest rates submitted. I further attest that I have read and understand the specifications prepared for this quote.

Financial Institution: Ameris Bank  
Address: 2357 W. US Hwy 90, Lake City, TN 37055

Authorized Signature: Maggie Bennett  
(Printed) Maggie Bennett  
(Title) AVP ABM  
(Phone) 386-243-6271

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Quote Form  
Interest Rates – Certificates of Deposit  
(No. 2021-002)  
Lake Shore Hospital Authority

<u>Denominations</u> (in thousands)	<u>Maturity</u>			
	<u>6 months</u>	<u>12 months</u>	<u>18 months</u>	<u>24 months</u>
\$250 - \$500	<u>.25</u> %	<u>.25</u> %	<u>.50</u> %	<u>.50</u> %
Net Earnings Per \$1,000,000	<u>\$1,250</u>	<u>\$2,500</u>	<u>\$7,500</u>	<u>\$10,000</u>
\$500 - \$1,000	<u>.25</u> %	<u>.25</u> %	<u>.50</u> %	<u>.50</u> %
Net Earnings Per \$1,000,000	<u>\$1,250</u>	<u>\$2,500</u>	<u>\$7,500</u>	<u>\$10,000</u>
\$1,000 - \$2,000	<u>.25</u> %	<u>.25</u> %	<u>.50</u> %	<u>.50</u> %
Net Earnings Per \$1,000,000	<u>\$1,250</u>	<u>\$2,500</u>	<u>\$7,500</u>	<u>\$10,000</u>
\$2,000 - \$3,000	<u>.25</u> %	<u>.25</u> %	<u>.50</u> %	<u>.50</u> %
Net Earnings Per \$1,000,000	<u>\$1,250</u>	<u>\$2,500</u>	<u>\$7,500</u>	<u>\$10,000</u>

I attest to and certify that I am a duly authorized representative of the financial institution named below and that I am authorized to offer the interest rates submitted. I further attest that I have read and understand the specifications prepared for this quote.

Financial Institution: Drummond Community Bank  
Address: 350 SW Main Blvd., Lake City, FL 32025

Authorized Signature: [Signature]  
(Printed) Heather Gray  
(Title) SVP / Private Banker  
(Phone) 386-487-1375

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Quote Form  
Interest Rates – Certificates of Deposit  
(No. 2021-002)  
Lake Shore Hospital Authority

<u>Denominations</u> (in thousands)	<u>Maturity</u>			
	<u>6 months</u>	<u>12 months</u>	<u>18 months</u>	<u>24 months</u>
\$250 - \$500 Net Earnings Per \$1,000,000* * or fraction thereof	<u>0.30 %</u> \$1,500.56	<u>0.30 %</u> \$3,003.38	<u>0.30 %</u> \$4,508.45	<u>0.30 %</u> \$6,015.77
\$500 - \$1,000 Net Earnings Per \$1,000,000* * or fraction thereof	<u>0.30 %</u> \$1,500.56	<u>0.30 %</u> \$3,003.38	<u>0.30 %</u> \$4,508.45	<u>0.30 %</u> \$6,015.77
\$1,000 - \$2,000 Net Earnings Per \$1,000,000	<u>0.30 %</u> \$1,500.56	<u>0.30 %</u> \$3,003.38	<u>0.30 %</u> \$4,508.45	<u>0.30 %</u> \$6,015.77
\$2,000 - \$3,000 Net Earnings Per \$1,000,000	<u>0.30 %</u> \$1,500.56	<u>0.30 %</u> \$3,003.38	<u>0.30 %</u> \$4,508.45	<u>0.30 %</u> \$6,015.77

NOTE: EARNINGS assume interest compounded/credited quarterly.

I attest to and certify that I am a duly authorized representative of the financial institution named below and that I am authorized to offer the interest rates submitted. I further attest that I have read and understand the specifications prepared for this quote.

Financial Institution: FIRST FEDERAL BANK  
Address: 4705 W. US Hwy 90, LAKE CITY, FL 32055

Authorized Signature: Stephanie McClendon  
(Printed) Stephanie McClendon  
(Title) Exec. Vice Pres / Chief of Retail Comm. Banking  
(Phone) 386-755-0600, Ext. 3801


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3-31-21

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Quote Form  
Interest Rates – Certificates of Deposit  
(No. 2021-002)  
Lake Shore Hospital Authority

<u>Denominations</u> (in thousands)	<u>Maturity</u>			
	<u>6 months</u>	<u>12 months</u>	<u>18 months</u>	<u>24 months</u>
\$250 - \$500 Net Earnings Per \$1,000,000	<u>0.07 %</u> <u>\$350.00</u>	<u>0.08 %</u> <u>\$800.00</u>	<u>0.10 %</u> <u>\$1100.00</u>	<u>0.10 %</u> <u>\$2000.00</u>
\$500 - \$1,000 Net Earnings Per \$1,000,000	<u>0.07 %</u> <u>\$350.00</u>	<u>0.08 %</u> <u>\$800.00</u>	<u>0.10 %</u> <u>\$1500.00</u>	<u>0.10 %</u> <u>\$2000.00</u>
\$1,000 - \$2,000 Net Earnings Per \$1,000,000	<u>0.07 %</u> <u>\$350.00</u>	<u>0.08 %</u> <u>\$800.00</u>	<u>0.10 %</u> <u>\$1500.00</u>	<u>0.10 %</u> <u>\$2000.00</u>
\$2,000 - \$3,000 Net Earnings Per \$1,000,000	<u>0.07 %</u> <u>\$350.00</u>	<u>0.08 %</u> <u>\$800.00</u>	<u>0.10 %</u> <u>\$1500.00</u>	<u>0.10 %</u> <u>\$2000.00</u>

I attest to and certify that I am a duly authorized representative of the financial institution named below and that I am authorized to offer the interest rates submitted. I further attest that I have read and understand the specifications prepared for this quote.

Financial Institution: TD BANK NA  
Address: 9715 Gate Parkway W, Jacksonville, FL 32246  
Authorized Signature:   
(Printed) PATRICK T. MURRAY  
(Title) VICE PRESIDENT, GOVERNMENT BANKING  
(Phone) 865 999 4629

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**Staff Report**

April 12, 2021 Regular Meeting

NEW	1
RENEW	24
INELIGIBLE (INCOME OR OTHER)	0
TOTAL CLIENTS SEEN IN OFFICE IN MARCH	25
ACTIVE MEMBERS	101
PUBLIC VISITS	47
PRIMARY CARE VISITS – 5 LOCATIONS	
February, 2021	54
YTD (Fiscal year October – Sept)	276
PHARMACY USAGE	
February, 2021	
PATIENTS SERVED	25
RX'S FILLED	65