

## ADDENDUM TERMINATING AGREEMENT FOR MEDICAL DIRECTOR SERVICES

This Addendum Terminating Agreement for Medical Director Services is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), and Benny Menendez, M.D., ("Medical Director").

WHEREAS, the City and the Medical Director entered into an Agreement for Medical Director Services effective at 0000 on April 6, 2016, ("Agreement"); and

WHEREAS, the City and the Medical Director wish to terminate the Agreement in order for the City to enter into an Agreement for Medical Director Services with Menendez MD & Brooks MD PA, a corporation composed of physicians licensed to practice medicine in the State of Florida; and

WHEREAS, it is the intent of the City and of the Medical Director that there be a seamless transition of the provision of medical director services to the City from the Medical Director to Menendez MD & Brooks MD PA,

NOW, THEREFORE, the City and the Medical Director agree as follows:

Contingent on the City and Menendez MD & Brooks MD PA entering into an Agreement for Medical Director Services effective at 0000 on March 1, 2017, the Agreement is terminated effective at 23:59:59 on February 28, 2017, except to the extent of any provisions of the Agreement that, by their terms, survive expiration or early termination of the Agreement.

IN WITNESS WHEREOF, the City and the Medical Director execute this Addendum Terminating Agreement for Medical Director Services as follows:

ATTEST:

City of Fort Lauderdale

\_\_\_\_\_  
Jeffrey A. Modarelli, City Clerk

\_\_\_\_\_  
John P. "Jack" Seiler, Mayor

\_\_\_\_\_  
Lee R. Feldman, City Manager

Approved as to form:  
Cynthia A. Everett, City Attorney

By: \_\_\_\_\_  
Assistant City Attorney

Medical Director

\_\_\_\_\_  
Benny Menendez, M.D.

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing Agreement for Medical Director Services was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2017, by Benny Menendez, M.D.

\_\_\_\_\_  
Signature of Notary Public - State of  
Florida

\_\_\_\_\_  
Print, Type or Stamp Commissioned  
Name of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_