#### **Assignment and Assumption**

This Assignment and Assumption (this "Assignment") by and between USHW of California, Inc., a California corporation, as successor by merger of U.S. HealthWorks Medical Group of Florida, Inc., a Florida corporation, ("Assignor"), and Occupational Health Centers of the Southwest, P.A., a Texas professional association authorized to transact business in the State of Florida as Concentra Medical Centers, ("Assignee"), is executed as of the dates noted below to be effective on September 10, 2018.

WHEREAS, Assignor and the City of Fort Lauderdale (the "Client") have entered into that certain Agreement for Occupational Medical, Drug and Alcohol Testing Programs dated December 30, 2015 as it may have been supplemented and amended from time to time (the "Agreement") for services described therein to be performed by Assignor in the State of Florida;

WHEREAS, Assignor has transferred its assets and its ability to perform the services at the centers set forth in the attached Schedule A ("Florida Integration & Assignment Schedule") to Assignee beginning on September 10, 2018;

WHEREAS, as of September 10, 2018, each U.S. HealthWorks Medical Clinic listed in the Florida Integration & Assignment Schedule has transitioned to Concentra Medical Centers under the operation of the Assignee;

WHEREAS, upon such transfer all services provided to the Client under the Agreement are being performed by Assignee at the Concentra Medical Centers set forth in the Florida Integration & Assignment Schedule;

WHEREAS, the Assignor has requested that the City consent to an assignment of the Agreement to Occupational Health Centers of the Southwest, P.A., a Texas professional association authorized to transact business in the State of Florida as Concentra Medical Centers;

NOW, THEREFORE, intending to be legally bound, Assignor and Assignee hereby agree as follows:

- 1. For and in consideration of the sum of ten dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and subject to the written approval of this Assignment and Assumption by the City, effective as of September 10, 2018, Assignor hereby assigns, conveys, transfers and delivers to Assignee all of Assignor's rights, duties, obligations, responsibilities, and liabilities under the Agreement to Assignee.
- 2. Subject to the written consent to this Assignment and Assumption by the City, Assignee hereby accepts the foregoing assignment, and Assignee assumes and agrees to perform all of the Assignor's duties, obligations, responsibilities, and liabilities under the Agreement.

[ASSIGNOR SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, the parties hereto have executed this Assignment and Assumption as of the dates noted below, effective September 10, 2018.

WITNESSES:

**ASSIGNOR:** 

USHW of California, Inc.

Signature

Print Name: Cassaundra N Green

By: Name:

Title:

Senior Vice President & Assistant Secretary

Date: 10/17/18

Print Name:

ATTEST:

By: Name:

Michael E. Tarvin

Title:

Executive Vice President, & Secretary

Truckarl & Tair

Date:

10/17/18

COMMONWEALTH OF PENNSYLVANIA:

SS.

COUNTY OF CUMBERLAND

The foregoing Assignment and Assumption was acknowledged before me this day of October, 2018, by John F. Duggan, Senior Vice President and Assistant Secretary for USHW of California Inc., a California corporation, who is personally known to me and who did take an oath.

(SEAL)

Notary Public, Commonwealth of Pennsylvania

(Signature of Notary)

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL MELANIE B NOTARIO Notary Public LOWER ALLEN TWP. CUMBERLAND COUNTY My Commission Expires Mar 5, 2020

(Print, Type, or Stamp Commissioned Name of Notary Public)

[ASSIGNEE SIGNATURE PAGE TO FOLLOW]

### INDIVIDUAL ACKNOWLEDGMENT State/Commonwealth of the undersigned Notary Public, personally appeared personally known to me - OR - $\square$ proved to me on the basis of satisfactory evidence COMMONWEALTH OF PENNSYLVANIA to be the person(s) whose name(s) is/are subscribed NOTARIAL SEAL to the within instrument, and acknowledged to MELANIE B NOTARIO me that he/she/they executed the same for the **Notary Public** LOWER ALLEN TWP, CUMBERLAND COUNTY purposes therein stated. My Commission Expires Mar 5, 2020 WITNESS my hand and official seal. Signature of Notary Public Any Other Required Information (Printed Name of Notary, Expiration Date, etc.) Place Notary Seal/Stamp Above OPTIONAL 7 This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. **Description of Attached Document** Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above:

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COMMONWEALTH OF PENHSYLVARIA NOTARIAL SEAL

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MELANIE 8 NOTARIO Notary Public LOWER ALLEN TWR CUMBERLAND COUNTY My Commission Expres Mar 5, 2020

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EE ASSIGNOR: WITNESSES: Occupational Health Centers of the Southwest, P.A. Signature Mar Print Name: By: Name: Robert G. Hassett, DO Title: President, Treasurer, & Secretary Signature Date: 10.22,2018 Print Name: Patricu Orendain STATE OF TEXAS SS. COUNTY OF DALLAS The foregoing Assignment and Assumption was acknowledged before me this day of October, 2018, by Robert G. Hassett, President, Treasurer, and Secretary for Occupational Health Centers of the Southwest, P.A., a Texas corporation, who is personally known to me and who did take an oath. SEAVENDY A GIBBONS My Commission Expires September 13, 2019 Notary Public, State of Texas (Signature of Notary) hbous

[CITY OF FORT LAUDERDALE SIGNATURE PAGE TO FOLLOW]

Notary Public)

(Print, Type, or Stamp Commissioned Name of

The City of Fort Lauderdale, a Florida municipality, by and through its undersigned
Mayor and City Manager, does hereby X consent does not consent to the
foregoing Assignment and Assumption.
ATTEST:  Jeffrey A. Modarelli, City Clerk  Dean J. Trantalis, Mayor  Lee R. Feldman, City Manager
Approved as to form:
Sr. Assistant City Attorney



: 3

# SCHEDULE A FLORIDA INTEGRATION & ASSIGNMENT SCHEDULE

U.S. HEALTHWORKS CLINIC NAME	CLINIC ADDRESS	CONCENTRA INTEGRATION & ASSIGNMENT DATE
Boca Raton	141 NW 20 <sup>th</sup> St C9 Boca Raton, FL 33431	June 25, 2018
Sarasota	600 N. Cattlemen Rd, Suite 120 Sarasota, FL 34232	September 10, 2018
Bradenton	1105 53 <sup>rd</sup> Ave East Bradenton, FL 34203	September 10, 2018
Fort Lauderdale	1007 W. Commercial Blvd Fort Lauderdale, FL 33309	September 10, 2018
Fort Lauderdale (Port Everglades)	407 SE 24 <sup>th</sup> St Fort Lauderdale, FL 33316	September 10, 2018
Plantation	7676 Peters Rd, Suite C Plantation, FL 33324	September 10, 2018
Pompano Beach	311 S Cypress Rd Pompano Beach, FL 33060	September 10, 2018

#### **Paul Bangel**

From:

Katsifis, Rick H. < RKatsifis@selectmedical.com>

Sent:

Friday, October 26, 2018 4:39 PM

To:

Paul Bangel

**Subject:** 

RE: Assignment of USHW Agreement for Occupational Health Centers of the Southwest,

PA

Hi Paul – It has been brought to my attention that there is a discrepancy between the spelling of the name of the President, Treasurer and Secretary of Occupational Health Centers of the Southwest, P.A. on the Assignment and Assumption document and how it is spelled on Sunbiz.org. The correct spelling of his last name is "Hassett" which is what appears on the Assignment and Assumption. It appears that his name was misspelled on Sunbiz.org. Rest assured, this is the same Dr. Hassett who serves as the President, Treasurer and Secretary of Occupational Health Centers of the Southwest, P.A.

Thank you, Rick

#### Richard H. Katsifis

Associate Counsel | Concentra Select Medical 4714 Gettysburg Road P.O. Box 2034 Mechanicsburg, PA 17055

Office: 717-975-4744 Mobile: 717-210-1469 Fax: 717-547-1262

Email: RKatsifis@SelectMedical.com

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From: Katsifis, Rick H.

Sent: Friday, October 26, 2018 4:13 PM

To: 'Paul Bangel' < PBangel@fortlauderdale.gov>

Subject: Assignment of USHW Agreement for Occupational Health Centers of the Southwest, PA

Hi Paul – I'm writing to follow up on our discussion. It appears there is a typographical error on the Assignee's signature page. Page 3 of the document incorrectly lists that Occupational Health Centers of the Southwest, PA is the 'ASSIGNOR'. However, it should have read 'ASSIGNEE'. Please make the necessary change by hand to accurately reflect that Occupational Health Centers of the Southwest, PA is the ASSIGNEE.

Thanks again for all your help in resolving this issue. Please let me know if you need anything else.

#### Richard H. Katsifis

Associate Counsel | Concentra Select Medical 4714 Gettysburg Road P.O. Box 2034 Mechanicsburg, PA 17055

Office: 717-975-4744 Mobile: 717-210-1469 Fax: 717-547-1262

Email: RKatsifis@SelectMedical.com

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## COMMISSION AGENDA ITEM DOCUMENT ROUTING FORM



Today's Date: <u>10/25/2018</u>

	NAL HEALTH CENTERS OF THE SOUTHWEST, P.A. D/B/A RS – ASSIGNMENT AND ASSUMPTION		
COMM. MTG. DATE: 10/23/2018	CAM #: 18-1079 ITEM #: PUR-4 CAM attached: ⊠YES □NO		
Routing Origin: <u>CAO</u> Router Nam	ne/Ext: J. Larregui/5106 Action Summary attached: XYES NO		
CIP FUNDED: TYES NO	Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include: land, real estate, realty, or real.		
1) Dept: FedEx Router Name/Ext:	R. Katsifis/Concentra # of originals routed: 2 Date to CAO: 10/24/18		
2) City Attorney's Office: Docume	ents to be signed/routed? ⊠YES □NO # of originals attached: 2		
Is attached Granicus document Fina	al? ⊠YES □NO Approved as to Form: ⊠YES □NO		
	I G. Bangel PGB JC rney's Name Initials		
3) City Clerk's Office: # of original	s: Nouted to: K. Arthurs/CMO/X5013 Date: 10/29/18		
4) City Manager's Office: CMO LC Assigned to: L. FELDMAN S L. FELDMAN as CRA			
APPROVED FOR LEE FELDMA	N'S SIGNATURE N/A FOR L. FELDMAN TO SIGN		
PER ACM: S. HAWTHORNE(Initial/Date)	(Initial/Date) C. LAGERBLOOM VAL (See comments below)		
Forward 者 originals to 🗷 Mayor	$\square$ CCO Date: $10 30 8$		
5) Mayor/CRA Chairman: Please s seal (as applicable) Date:	ign as indicated. Forward originals to CCO for attestation/City		
6) City Clerk's Office: Retains 1 Or	riginal and forwards <u>1</u> Original to: <u>Linda Blanco/Procurement/Ext. 514</u> 1		
Attach certified Reso # 🖂	YES NO		
Original Route form to CAO/I La	Pov. 12/22/16		