

## **SECOND AMENDMENT TO THE WILLIAMSON COUNTY INDIGENT CARE AFFILIATION AGREEMENT**

This Second Amendment to the Williamson County Indigent Care Affiliation Agreement (the "Second Amendment") is entered into to be effective as of the 31st day of August, 2010 to amend the Williamson County Indigent Care Affiliation Agreement (the "Agreement") dated June 24, 2008 by and among Williamson County, being a political subdivision of the State of Texas (the "County"), Round Rock Medical Center, Cedar Park Regional Medical Center, Scott & White Hospital - Round Rock and Seton Medical Center Williamson (the "Affiliated Hospitals").

### **RECITALS**

**WHEREAS**, the County, St. David's Georgetown Hospital and Round Rock Medical Center entered into the Agreement effective June 24, 2008.

**WHEREAS**, the Agreement was amended by the First Amendment to the Agreement on August 28, 2009 to remove St. David's Georgetown Hospital, which merged into St. David's Healthcare Partnership.

**WHEREAS**, the County and Round Rock Medical Center desire to amend the Agreement to include Cedar Park Regional Medical Center, Scott & White Hospital - Round Rock and Seton Medical Center Williamson as Affiliated Hospitals.

**NOW, THEREFORE**, the parties agree as follows:

1. The first paragraph of the Agreement shall be deleted and the paragraph below added in its place:

This Indigent Care Affiliation Agreement (the "Agreement") is entered into to be effective as of the 31<sup>st</sup> day of August, 2010 ("Effective Date"), by and between Williamson County, being a political subdivision of the State of Texas (the "County"), Round Rock Medical Center, Cedar Park Regional Medical Center, Scott & White Hospital - Round Rock and Seton Medical Center Williamson (the "Affiliated Hospitals"), whose addresses are listed in Section 6.3 of this document.

2. All references to "Affiliated Hospital" shall be changed to "Affiliated Hospitals".
3. Section 6.3 shall be deleted and the following shall be added in its place:

**6.3 Notices.** All notices required or permitted hereunder shall be in writing and shall be sufficiently given and deemed to have been received upon personal delivery, by overnight carrier, by email, or by United States mail, postage prepaid, registered or certified mail, addressed to the parties as follows:

County: Williamson County Judge  
301 SE Inner Loop, Suite 109  
Georgetown, TX 78626

With a Copy to: Williamson County and Cities Health District  
Social Services Division  
211 Commerce Boulevard  
Round Rock, Texas 78664  
ATTN: County Indigent Program Director

Affiliated Hospitals: Round Rock Medical Center  
2400 Round Rock Ave.  
Round Rock, TX 78681  
ATTN: Chief Executive Officer

Cedar Park Regional Medical Center  
1401 Medical Parkway  
Cedar Park, TX 78613  
ATTN: Chief Executive Officer

Scott & White Hospital - Round Rock  
300 University Boulevard  
Round Rock, TX 78665  
ATTN: Chief Executive Officer

Seton Medical Center Williamson  
201 Seton Parkway  
Round Rock, TX 78665  
ATTN: Chief Executive Officer

With a Copy to: Gjerset & Lorenz, LLP  
2801 Via Fortuna, Suite 500  
Austin, Texas 78746

4. All other terms and conditions of the Agreement shall remain unchanged and are fully incorporated herein by reference.
5. In executing this Second Amendment, each party confirms, warrants and represents that all of that party's "Representations and Warranties" as set forth in the Agreement were, and continue to be, true and correct.

IN WITNESS WHEREOF, the parties have hereunto set their hand as of the date set forth above.

**COUNTY OF WILLIAMSON, TEXAS**

By

  
Dan A. Gattis, County Judge

Attest: \_\_\_\_\_  
Name: \_\_\_\_\_

**AFFILIATED HOSPITALS:**

**ST. DAVID'S HEALTHCARE PARTNERSHIP,  
LP, LLP d/b/a ROUND ROCK MEDICAL  
CENTER, INC.**

By: **ROUND ROCK MEDICAL CENTER,  
INC., its General Partner**

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

David Wilson  
Vice President

**CEDAR PARK REGIONAL MEDICAL  
CENTER**

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

**SCOTT & WHITE HOSPITAL - ROUND  
ROCK**

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

**SETON MEDICAL CENTER WILLIAMSON**

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

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