BOARD OF COUNTY COMMISSIONERS ORANGE COUNTY, FLORIDA

IFB #Y16-187-LC

CHRONIC DIALYSIS CORRECTIONS HEALTH SERVICES TERM CONTRACT

ADDENDUM NO.1

The Invitation for Bid is changed as follows:

1. Front page first paragraph is changed to read:

Sealed bid offers in an original and three (3) copies for furnishing the above will be accepted up to **2:00 PM, (local time,) Tuesday, <u>March 8, 2016</u>**, in the Procurement Division, Internal Operations Center II, 400 E. South Street, 2nd Floor, Orlando, FL 32801.

2. Page 25, Scope of Services, the third paragraph:

The Contractor must be a Medicare Certified Ambulatory Dialysis Provider.

ACKNOWLEDGEMENT OF ADDENDA

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a. The bidder shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned not later than the date and time for receipt of the bid.

b. Receipt acknowledged by:	
Authorized Signer	Date Signed
Title	
Name of Bidder IFB #Y16-187-LC	