AMENDME	ENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT	ID CODE	PAGE OF PAGES		
2. AMENDME	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURC	HASE REQ. NO.	5. PROJECT NO. (If applicable)		
0005		12/06/2010					
6. ISSUED B	Y CODE	FMPS	7. ADMINISTERED BY	(If other than Item 6)	CODE		
DIV OF 4330 EA ROOM 51	OR PRODUCT SAFETY COMM PROCUREMENT SERVICES AST WEST HWY TO TO OA MD 20814	ISSION					
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	, county, State and ZIP Code)	X) 9A. AMENDMENT C	OF SOLICITATION NO.			
ATTN DR 2000 GRI SUITE 30	CY PHYSICIANS MEDICAL ROBERT MCCURREN EEN ROAD DO MI 48105	:	9B. DATED (SEE ITEM 11)				
			10B DATED (SEE ITEM 13)				
CODE 1		FACILITY CODE	02/23/2010				
		11. THIS ITEM ONLY APPLIES TO A					
reference to		is received prior to the opening hour and	Increase:	\$1	,061.00		
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED P ORDER NO. IN ITEM 10A.	URSUANT TO (Specify authority) THE	CHANGES SET FORTH	IN ITEM 14 ARE MADE IN TH	HE CONTRACT		
	B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	T/ORDER IS MODIFIED TO REFLECT	HE ADMINISTRATIVE (ORITY OF FAR 43.103(CHANGES (such as changes i	in paying office,		
***************************************	C. THIS SUPPLEMENTAL AGREEMENT	T IS ENTERED INTO PURSUANT TO A	THORITY OF:				
	D. OTHER (Specify type of modification a	and authority					
х	UNILATERAL MODIFICAT						
		is required to sign this document and	roturo	O copies to the issuing	office		
E. IMPORTAN	IT: Contractor Sis not, TION OF AMENDMENT/MODIFICATION (
DUNS Nur HOSPITAI BASIC CO	and the second second second second	J 09/30/10					
	re provided in the amo provided, by modifica		•		litional funding		
ITEMS 3	and 4 are changed as	follows: (see page 2).				
Continue	ed						
	vided herein, all terms and conditions of the	a document referenced in Item 9A or 10A					
IDA. NAME A	ND TITLE OF SIGNER (Type or print)		Doris B. Kes	.E OF CONTRACTING OFFICI ssler	ER (Type or post)		
15B. CONTRA	ACTOR/OFFEROR	15C. DATE SIGNED	16B, UNITED STATES	_	# 16C DATE SIGNED		
			apris/	2 Klase	12/06/2010		
	(Signature of person authorized to sign)		(Signate	ure at Contracting Officer)			
NSN 7540-01- Previous edition				Pre	ANDARD FORM 30 (REV. 10-83) escribed by GSA R (48 CFR) 53.243		

CONTINUATION SUBST	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	CPSC-N-10-0105/0005	2	2

NAME OF OFFEROR OR CONTRACTOR

EMERGENCY PHYSICIANS MEDICAL GROUP

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	For FY-2011 the total amount of this contract is increased by \$1,061.00, from \$11,534.54 to				
	\$12,595.54.				
	TOTAL QTY FOR ITEM #3: 1,846/EA TOTAL QTY FOR ITEM #4: 332/EA				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	NEISS SURVEILLANCE REPORT\$ AND SPECIAL SURVEY REPORTS FOR THE QUANTITY OF 1,846 EA @ \$6.53 = \$12,054.38	150	EA	6.53	979.50
	Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 Funded: \$979.50				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
0004	SUPPLEMENTAL/SPECIAL STUDY REPORTS FOR THE QUANTITY OF 332 EA @ \$1.63 = \$541.16	50	EA	1.63	81.50
	Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 Funded: \$81.50				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
	:	İ			
				1	