EXTENSION TO AGREEMENT

This Agreement is entered into this __ day of October, 2003, by and between Leon County, Florida, a political subdivision of the State of Florida, hereinafter "County," and Apalachee Center for Human Services, hereinafter "Apalachee".

WITNESSETH

For and in consideration of the mutual covenants, restrictions, and representations set forth herein, the sufficiency of which is hereby acknowledged, County and Apalachee do hereby agree as follows:

1. County and Apalachee entered into an Agreement dated May 30, 1997, between County and Apalachee, which allows for changes to be made to the Agreement with prior written agreement signed by the parties thereto, the parties hereby agree to extend the Agreement to September 30, 2004 with option to renew for another agreed upon period.

2. Apalachee agrees to submit a report to include demographic data and the number of clients served, clients denied admission and reason for denial and referral infromtion on a quarterly basis and to submit invoices monthly.

3. Apalachee agrees to comply with state statutes.

4. Apalachee agrees to seek other funding from other local governing bodies per the statue.

5. This agreement shall become effective upon full execution hereof by both parties.

IN WTNESS WHEREOF, the parties evidence their agreement through the execution of this AGREEMENT by their duly authorized signatories.

Apalachee Center for Human Services

WITNESS: _____ By: _____
President

WITNESS: _____

DATE: September 19, 2003

Extension to Agreement between Leon County, Florida and Apalachee Center for Human Services
Page 2

STATE OF: FLORIDA
COUNTY OF: LEON
The foregoing instrument was acknowledged before me this 19th day of SEPTEMBER, 2003.

By RONALD P. KIRKLAND, of APALACHEE CENTER, INC.
(Name of officer or agent, title of officer or agent) (Name of Corporation acknowledging)

a FLORIDA corporation, on behalf of the corporation.
(State or place of incorporation)

He/~~she~~ is personally known to me or has produced N/A (PERSONALLY KNOWN) as
(type of identification)

CHRISTINE INGLE
MY COMMISSION # DD 057497
EXPIRES: November 5, 2005
Bonded Thru Notary Public Underwriters

Christine Ingle
Signature of Notary

CHRISTINE INGLE
Print, Type or Stamp Name of Notary

DD 057497
COMMISSION ~~Serial~~ Number, ~~If Any~~

LEON COUNTY, FLORIDA

BY:_____
Tony Grippa, Chairman
Board of County Commissioners

DATE:_____

ATTEST:
BOB INZER, CLERK OF THE COURT
LEON COUNTY, FLORIDA

By:_____

APPROVED AS TO FORM.
LEON COUNTY ATTORNEY'S OFFICE

By:_____
Herbert W.A. Thiele, Esq.
County Attorney