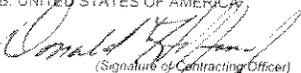


| | | | | | |
|--|--|---|--|---|--|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | 1. CONTRACT ID CODE | | PAGE OF PAGES 1 3 | |
| 2. AMENDMENT/MODIFICATION NO. 000036 | | 3. EFFECTIVE DATE 01/21/2011 | | 4. REQUISITION/PURCHASE REQ. NO. See Schedule | |
| 6. ISSUED BY NASA/Glenn Research Center Procurement Division, MS 60-1 21000 Brookpark Road Cleveland OH 44135-3127 | | CODE GRC | | 7. ADMINISTERED BY (If other than Item 6) NASA/Glenn Research Center Procurement Division, MS 60-1 21000 Brookpark Road Cleveland OH 44135-3127 | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) SINGLETON HEALTH SERVICES Attn: Kenneth B. Singleton, MD 8501 LaSalle Road, Suite 310 Towson MD 21286 | | (x) | | 9A. AMENDMENT OF SOLICITATION NO. | |
| CODE | | FACILITY CODE | | 9B. DATED (SEE ITEM 11) | |
| | | | | 10A. MODIFICATION OF CONTRACT/ORDER NO. NNC06CB70C | |
| | | | | 10B. DATED (SEE ITEM 13) 03/31/2006 | |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS | | | | | |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. | | | | | |
| 12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule | | Net Increase: | | \$175,080.65 | |
| 13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. | | | | | |
| CHECK ONE | | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. | | | |
| | | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). | | | |
| | | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: | | | |
| X | | D. OTHER (Specify type of modification and authority) Limitation of Funds Clause, 52.232-22 | | | |
| E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ 0 _____ copies to the issuing office. | | | | | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) | | | | | |
| LIST OF CHANGES: | | | | | |
| Wellness Program-Leadership University PR4200370651 \$43,209.65 | | | | | |
| PR4200372259 \$131,054.00 FY11 CR funding | | | | | |
| Reason for Modification : Funding Only Action | | | | | |
| Total Amount for this Modification: \$0.00 | | | | | |
| New Total Amount for this Version: \$3,087,865.00 | | | | | |
| Continued ... | | | | | |
| Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. | | | | | |
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) | | |
| | | | DONALD HOFFMAN | | |
| 15B. CONTRACTOR/OFFEROR | | 15C. DATE SIGNED | | 16B. UNITED STATES OF AMERICA | |
| (Signature of person authorized to sign) | | | |  (Signature of Contracting Officer) | |
| | | | | 16C. DATE SIGNED 01/24/2011 | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 NNC06CB70C/000036

PAGE OF
 2 3

NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>New Total Amount for this Award: \$7,578,567.00 Obligated Amount for this Modification: \$175,080.65 New Total Obligated Amount for this Award: \$6,884,440.46</p> <p>Incremental Funded Amount changed: increase of \$175,080.65 from \$5,848,673.00 to \$6,023,753.65</p> <p>New Issuing Address: NASA/Glenn Research Center Procurement Division, MS 60-1 21000 Brookpark Road Cleveland OH 44135-3127</p> <p>New Administration Address: NASA/Glenn Research Center Procurement Division, MS 60-1 21000 Brookpark Road Cleveland OH 44135-3127</p> <p>CHANGES FOR LINE ITEM NUMBER: 5 Obligated Amount for this modification: \$175,080.65 Incremental Funded Amount changed from \$2,408,780.00 to \$2,583,860.65</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22CFD0/6100.2560/22/FC000000/736466.02.05.03.02/00 0/2560/22/CASX12011D/361N/1/2 Cost Center 22CFD0 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$43,209.65 Percent: 1.39934 Subject To Funding: Payment Address:</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22QS00/6100.2560/22/FC000000/736466.01.09.03.02.0/ 2/000/2560/22/CASX12011D/361N/1/2 Cost Center 22QS00 GI Account 6100.2560 Order FC000000 Quantity: 0 Continued ...</p> | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
NNC06CB70C/000036

PAGE OF
3 3

NAME OF OFFEROR OR CONTRACTOR
SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | Amount: \$131,871.00 Percent: 4.27062 Subject To Funding: Payment Address: FOB: Destination | | | | |

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

1 1

2. AMENDMENT/MODIFICATION NO.

3. EFFECTIVE DATE

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (If applicable)

000035

12/29/2010

4200368866

6. ISSUED BY

CODE

GRC

7. ADMINISTERED BY (If other than Item 6)

CODE

GRC

NASA/Glenn Research Center
Procurement Division, MS 500-313
21000 Brookpark Road
Cleveland OH 44135-3127

NASA/Glenn Research Center
Procurement Division, MS 500-313
21000 Brookpark Road
Cleveland OH 44135-3127

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

SINGLETON HEALTH SERVICES
Attn: Kenneth B. Singleton, MD
8501 LaSalle Road, Suite 310
Towson MD 21286

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
NNC06CB70C

10B. DATED (SEE ITEM 13)

03/31/2006

CODE

FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

Net Increase:

\$181,323.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER (Specify type of modification and authority)

X Limitation of Funds Clause, 52.232-22

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ 0 _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

LIST OF CHANGES:

Reason for Modification : Funding Only Action

Obligated amount for this Modification: \$181,323.00

Obligations are increased by \$181,323.00 from \$6,528,036.81 to \$6,709,359.81.

Total contract value remains unchanged at \$7,578,567.00.

Incrementally Funded through 02/15/2011.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

FOB: Destination

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

DONALD HOFFMAN

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

Cheryl W. Sherman
(Signature of Contracting Officer)

12/29/2010

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE PAGE OF PAGES
1 2

2. AMENDMENT/MODIFICATION NO. 000034
 3. EFFECTIVE DATE 12/07/2010
 4. REQUISITION/PURCHASE REQ. NO. 4200366494
 5. PROJECT NO. (If applicable)

6. ISSUED BY CODE GRC
 7. ADMINISTERED BY (If other than Item 6) CODE GRC

NASA/Glenn Research Center
 Procurement Division, MS 500-313
 21000 Brookpark Road
 Cleveland OH 44135-3127

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

SINGLETON HEALTH SERVICES
 Attn: Kenneth B. Singleton, MD
 8501 LaSalle Road, Suite 310
 Towson MD 21286

9A. AMENDMENT OF SOLICITATION NO. (x)

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT/ORDER NO. x
 NNC06CB70C

10B. DATED (SEE ITEM 13)

CODE FACILITY CODE 03/31/2006

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. is not extended.
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$61,815.00
 See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE
 A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
 B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
 C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
 D. OTHER (Specify type of modification and authority)
 X Limitation of Funds Clause, 52.232-22

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

LIST OF CHANGES:

This contract is for GRC Medical Services, This modification funds the contract with FY11 CR through December 18, 2010.

Add PR4200366494 for \$61,815.00

Reason for Modification : Funding Only Action

Obligated Amount for this Modification: \$61,815.00

Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)
 15B. CONTRACTOR/OFFEROR
 15C. DATE SIGNED
 15D. (Signature of person authorized to sign)

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
 DONALD HOFFMAN
 16B. UNITED STATES OF AMERICA
 (Signature of Contracting Officer)
 16C. DATE SIGNED
 12/07/2010

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 NNC06CB70C/000034

PAGE OF
 2 2

NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>New Total Obligated Amount for this Award: \$6,528,036.81</p> <p>Incremental Funded Amount changed:increase by \$61,815.00 from \$5,605,535.00 to \$5,667,350.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 5 Obligated Amount for this modification: \$61,815.00 Incremental Funded Amount changed from \$2,346,965.00 to \$2,408,780.00</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22QS00/6100.2560/22/FC000000/736466.01.09.03.02.0/ 2/000/2560/22/CASX12011D/361N/1/2 Cost Center 22QS00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$61,815.00 Percent: 2.00187 Subject To Funding: Payment Address:</p> <p>FOB: Destination</p> | | | | |

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

1 2

2. AMENDMENT/MODIFICATION NO.

3. EFFECTIVE DATE

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (If applicable)

000033

10/12/2010

4200360120

6. ISSUED BY

CODE

GRC

7. ADMINISTERED BY (If other than Item 6)

CODE

GRC

NASA/Glenn Research Center
Procurement Division, MS 500-313
21000 Brookpark Road
Cleveland OH 44135-3127

NASA/Glenn Research Center
Procurement Division, MS 500-313
21000 Brookpark Road
Cleveland OH 44135-3127

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

SINGLETON HEALTH SERVICES
Attn: Kenneth B. Singleton, MD
8501 LaSalle Road, Suite 310
Towson MD 21286

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
NNC06CB70C

10B. DATED (SEE ITEM 13)

03/31/2006

CODE

FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

Net Increase:

\$263,742.00

See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

| | |
|-----------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. |
| | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
| x | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: Changes clause |
| | D. OTHER (Specify type of modification and authority) |

E. IMPORTANT: Contractor is not, is required to sign this document and return 3 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

LIST OF CHANGES:

This contract is for the GRC Medical Services

Pursuant to the Limitation of Funds clause, FAR 52.232.22, the funding is increased by \$263,742.00

Reason for Modification : Funding Only Action

Total Amount for this Modification: \$0.00

New Total Amount for this Version: \$3,087,865.00

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

(Signature of Contracting Officer)

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 NNC06CB70C/000033

PAGE OF
 2 2

NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>New Total Amount for this Award: \$7,397,244.00 Obligated Amount for this Modification: \$263,742.00 New Total Obligated Amount for this Award: \$6,466,221.81 Incremental Funded Amount changed: from \$5,341,793.00 to \$5,605,535.00 CHANGES FOR LINE ITEM NUMBER: 5 Obligated Amount for this modification: \$263,742.00 Incremental Funded Amount changed from \$2,083,223.00 to \$2,346,965.00</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22QS00/6100.2560/22/FC000000/736466.01.09.03.02.0/ 2/000/2560/22/CASX12011D/361N/1/2 Cost Center 22QS00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$263,742.00 Percent: 8.54124 Subject To Funding: Payment Address:</p> <p>Delivery Location Code: GRC NASA/Glenn Research Center 21000 Brookpark Road Cleveland OH 44135-3127 USA</p> <p>FOB: Destination</p> | | | | |

| | | | | | |
|---|--|---|--|---|--|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | 1. CONTRACT ID CODE | | PAGE OF PAGES | |
| | | | | 1 2 | |
| 2. AMENDMENT/MODIFICATION NO. | | 3. EFFECTIVE DATE | | 4. REQUISITION/PURCHASE REQ. NO. | |
| 000032 | | | | 5. PROJECT NO. (If applicable) | |
| 6. ISSUED BY | | 7. ADMINISTERED BY (If other than Item 6) | | CODE | |
| NASA/Glenn Research Center Procurement Division, MS 500-313 21000 Brookpark Road Cleveland OH 44135-3127 | | NASA/Glenn Research Center Procurement Division, MS 500-313 21000 Brookpark Road Cleveland OH 44135-3127 | | GRC | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) | | 9A. AMENDMENT OF SOLICITATION NO. | | 9B. DATED (SEE ITEM 11) | |
| SINGLETON HEALTH SERVICES Attn: Kenneth B. Singleton, MD 8501 LaSalle Road, Suite 310 Towson MD 21286 | | (x) | | | |
| CODE | | FACILITY CODE | | 10A. MODIFICATION OF CONTRACT/ORDER NO. | |
| | | | | NNC06CB70C | |
| | | | | 10B. DATED (SEE ITEM 13) | |
| | | | | 03/31/2006 | |

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

- The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment, (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

| | |
|-----------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. |
| | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
| X | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: Changes clause |
| | D. OTHER (Specify type of modification and authority) |

E. IMPORTANT: Contractor is not, is required to sign this document and return 3 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

LIST OF CHANGES:

Reason for Modification : Other Administrative Action
Total Amount for this Modification: \$0.00
New Total Amount for this Version: \$0.00
New Total Amount for this Award: \$7,397,244.00

Add to Section H:

H1. AVAILABILITY OF FUNDS FOR THE NEXT FISCAL YEAR (APR 1984)

Funds are not presently available for performance under this contract beyond September 30, 2010. The Government's obligation for performance of this contract beyond that date is Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

| | | | |
|--|------------------|---|------------------|
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) | |
| Kenneth B. Singleton, President | | DONALD HOFFMAN | |
| 15B. CONTRACTOR/OFFEROR | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA | 16C. DATE SIGNED |
| Kenneth B. Singleton (Signature of person authorized to sign) | 8/30/2010 | <i>Donald Hoffman</i> (Signature of Contracting Officer) | 8/30/2010 |

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

| | | | |
|---------------------------|---|------|----|
| CONTINUATION SHEET | REFERENCE NO. OF DOCUMENT BEING CONTINUED | PAGE | OF |
| | NNC06CB70C/000032 | 2 | 2 |

NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond September 30, 2010, until funds are made available to the Contracting Officer for performance and until the Contractor receives notice of availability, to be confirmed in writing by the Contracting Officer | | | | |

| | | | | |
|---|---------------------------------|--|---|--|
| AMENDMENT OF SOLICITATION/MODIFICATION CONTRACT | | 1. CONTRACT ID CODE | PAGE OF PAGES 1 2 | |
| 2. AMENDMENT/MODIFICATION NO. 000031 | 3. EFFECTIVE DATE 07/29/2010 | 4. REQUISITION/PURCHASE REQ. NO. 4200351692 | 5. PROJECT NO. (If applicable) | |
| 6. ISSUED BY NASA/Glenn Research Center Procurement Division, MS 500-313 21000 Brookpark Road Cleveland OH 44135-3127 | CODE GRC | 7. ADMINISTERED BY (If other than Item 6) NASA/Glenn Research Center Procurement Division, MS 500-313 21000 Brookpark Road Cleveland OH 44135-3127 | CODE GRC | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) SINGLETON HEALTH SERVICES Attn: Kenneth B. Singleton, MD 8501 LaSalle Road, Suite 310 Towson MD 21286 | | (X) | 9A. AMENDMENT OF SOLICITATION NO. | |
| | | | 9B. DATED (SEE ITEM 11) | |
| | | X | 10A. MODIFICATION OF CONTRACT/ORDER NO. NNC06CB70C | |
| | | | 10B. DATED (SEE ITEM 13) 03/31/2006 | |
| CODE | FACILITY CODE | 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS | | |

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
See Schedule Net Increase: \$29,750.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

| | |
|-----------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. |
| | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
| | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: |
| | D. OTHER (Specify type of modification and authority) |
| X | Cost-Plus-Fixed-Fee (CPFF), FAR 52.232-22 Limitation of Funds |

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ 0 _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

LIST OF CHANGES:

This Contract is for GRC Medical Services. This Modification incrementally funds the Contract through September 30, 2010.

Reason for Modification : Funding Only Action

Obligated Amount for this Modification: \$29,750.00

Pursuant to the Limitation of Funds clause, FAR 52.232.22, the funding is hereby increased by \$29,750.00
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

| | | | |
|---|------------------|---|--------------------------------|
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) | |
| | | DONALD HOFFMAN | |
| 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA (Signature of Contracting Officer) | 16C. DATE SIGNED 07/29/2010 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 NNC06CB70C/000031

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 2 2

NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>New Total Obligated Amount for this Award: \$6,202,479.81 Incremental Funded Amount changed: increased by \$29,750.00 from \$5,312,043.00 to \$5,341,793.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 5 Description changed from Medical Services Option to Medical Services Option</p> <p>Obligated Amount for this modification: \$29,750.00 Incremental Funded Amount changed from \$2,053,473.00 to \$2,083,223.00</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22QS00/6100.2560/22/FC000000/736466.01.09.03.02.0/ 1/000/2560/22/CASX22010D/361N/1/43 Cost Center 22QS00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$19,750.00 Percent: .6396 Subject To Funding: Payment Address:</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22QS00/6100.2560/22/FC000000/736466.05.01.03.25/00 0/2560/22/CASX22010D/361N/1/43 Cost Center 22QS00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$10,000.00 Percent: .32385 Subject To Funding: Payment Address:</p> <p>FOB: Destination</p> | | | | |

2. AMENDMENT/MODIFICATION NO. 000030
 3. EFFECTIVE DATE 05/26/2010
 4. REQUISITION/PURCHASE REQ. NO. 4200343148
 5. PROJECT NO. (if applicable) 1 2

6. ISSUED BY CODE GRC
 NASA/Glenn Research Center
 Procurement Division, MS 500-313
 21000 Brookpark Road
 Cleveland OH 44135-3127

7. ADMINISTERED BY (if other than Item 6) CODE GRC
 NASA/Glenn Research Center
 Procurement Division, MS 500-313
 21000 Brookpark Road
 Cleveland OH 44135-3127

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)
 SINGLETON HEALTH SERVICES
 Attn: Kenneth B. Singleton, MD
 8501 LaSalle Road, Suite 310
 Towson MD 21286

9A. AMENDMENT OF SOLICITATION NO. (x)
 9B. DATED (SEE ITEM 11)
 10A. MODIFICATION OF CONTRACT/ORDER NO. X
 NNC06CB70C
 10B. DATED (SEE ITEM 13)
 03/31/2006

CODE FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. is not extended.
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)
 See Schedule Net Increase: \$261,228.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE
 A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
 B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
 C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
 D. OTHER (Specify type of modification and authority)
 X Cost-Plus-Fixed-Fee (CPFF), FAR 52.232-22 Limitation of Funds

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

LIST OF CHANGES:
 The Contract is for GRC Medical Services. This Modification incrementally funds the contract through September 30, 2010.

Reason for Modification : Funding Only Action

Obligated Amount for this Modification: \$261,228.00

New Total Obligated Amount for this Award: \$6,172,729.81

Incremental Funded Amount changed: increase by \$261,228.00 from

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)
 15B. CONTRACTOR/OFFEROR
 15C. DATE SIGNED
 15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
 DONALD HOFFMAN
 16B. UNITED STATES OF AMERICA
 16C. DATE SIGNED
 05/26/2010

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 NNC06CB70C/000030

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 2 2

NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | \$5,050,815.00 to \$5,312,043.00 CHANGES FOR LINE ITEM NUMBER: 5 Obligated Amount for this modification: \$261,228.00 Incremental Funded Amount changed increased by \$216,228.00 from \$1,792,245.00 to \$2,053,473.00 NEW ACCOUNTING CODE ADDED: Account code: 22QS00/6100.2560/22/FC000000/736466.01.09.03.02.0/ 1/000/2560/22/CASX22010D/361N/1/2 Cost Center 22QS00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$261,228.00 Percent: 8.45983 Subject To Funding: Payment Address: | | | | |

| | | | |
|--|-------------------|--|---|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | 1. CONTRACT ID CODE | PAGE OF PAGES 1 7 |
| 2. AMENDMENT/MODIFICATION NO. 000029 | 3. EFFECTIVE DATE | 4. REQUISITION/PURCHASE REQ. NO. 4200331444 | 5. PROJECT NO. (If applicable) |
| 6. ISSUED BY NASA/Glenn Research Center Procurement Division, MS 500-313 21000 Brookpark Road Cleveland OH 44135-3127 | CODE GRC | 7. ADMINISTERED BY (If other than Item 6) NASA/Glenn Research Center Procurement Division, MS 500-313 21000 Brookpark Road Cleveland OH 44135-3127 | CODE GRC |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) SINGLETON HEALTH SERVICES Attn: Kenneth B. Singleton, MD 8501. LaSalle Road, Suite 310 Towson MD 21286 | | 9A. AMENDMENT OF SOLICITATION NO. (x) | 9B. DATED (SEE ITEM 11) |
| CODE | | FACILITY CODE | 10A. MODIFICATION OF CONTRACT/ORDER NO. NNC06CB70C 10B. DATED (SEE ITEM 13) 03/31/2006 |

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended. is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 6 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
See Schedule Net Increase: \$1,300.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

| | |
|-----------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. |
| | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
| X | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: Changes clause |
| X | D. OTHER (Specify type of modification and authority) Cost-Plus-Fixed-Fee (CPFF), FAR 52.232-22 Limitation of Funds |

E. IMPORTANT: Contractor is not. is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

LIST OF CHANGES:

Reason for Modification : Supplemental Agreement for work within scope

Obligated Amount for this Modification: \$1,300.00

Pursuant to the Limitations of Funds clause, FAR 52.232.22 the funding is hereby increased by \$1,300.00 from \$5,910,201.81 to \$5,911,501.81.

New Total Obligated Amount for this Award: \$5,911,501.81

Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

| | | | | | |
|--|--|----------------------------|--|---|--------------------------------|
| 15A. NAME AND TITLE OF SIGNER (Type or print) Kenneth B. Singleton MD | 15B. CONTRACTOR/OFFEROR Kenneth B. Singleton MD (Signature of person authorized to sign) | 15C. DATE SIGNED 3/4/10 | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) DONALD HOFFMAN | 16B. UNITED STATES OF AMERICA (Signature of Contracting Officer) | 16C. DATE SIGNED 03/09/2010 |
|--|--|----------------------------|--|---|--------------------------------|

CONTINUATION SHEET

REFERENCE NO. OF DOCU . BEING CONTINUED
 NNC06CB70C/000029

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NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>This Modification adds the Audiologist SOW that was inadvertently not included with the Mod 14 distribution. Further, Statement of Work for GRC Medical Services Medical Monitor and Support for Human Research Investigations, OCTOBER 2009 is also added to ATTACHMENT A of this modification.</p> <p>All other terms and conditions remain unchanged. CHANGES FOR LINE ITEM NUMBER: 5 Description changed from Medical Services Option to Medical Services Option</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/453 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address:</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/494 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address:</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/535 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$195.00 Continued ...</p> | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT
NNC06CB70C/000029

BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR
SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | Percent: .00632 Subject To Funding: Payment Address: NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/576 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address: NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/617 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address: NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/618 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address: NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ Continued ... | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 NNC06CB70C/000029

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NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | 000/2560/22/CASX22010R/CASP/1/619 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$195.00 Percent: .00632 Subject To Funding: Payment Address: NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/777 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address: NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/43 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$195.00 Percent: .00632 Subject To Funding: Payment Address: NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/84 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Continued ... | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCU
NNC06CB70C/000029

BEING CONTINUED

PAGE 5 OF 7

NAME OF OFFEROR OR CONTRACTOR
SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>Payment Address:</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/125 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address:</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/166 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address:</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/207 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$195.00 Percent: .00632 Subject To Funding: Payment Address:</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/248 Cost Center 22RU00 Continued ...</p> | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT
NNC06CB70C/000029

BEING CONTINUED

PAGE 6 OF 7

NAME OF OFFEROR OR CONTRACTOR
SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address: NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/289 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$195.00 Percent: .00632 Subject To Funding: Payment Address: NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/330 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address: NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/371 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address: Continued ... | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCU
NNC06CB70C/000029

BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR
SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>NEW ACCOUNTING CODE ADDED: Account code: 22RU00/6100.2560/22/FC000000/031102.02.03.0783.10/ 000/2560/22/CASX22010R/CASP/1/412 Cost Center 22RU00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$25.00 Percent: .00081 Subject To Funding: Payment Address:</p> | | | | |

ATTACHMENT A

Statement of Work for GRC Medical Services

Licensed Audiologist Review of Employee Audiometric Data

A licensed audiologist with industrial hearing conservation experience shall provide off-site review of audiometric data and noise exposure history data for NASA GRC personnel identified as 1) meeting the OSHA criteria for a Standard Threshold Shift (STS), or 2) with audiometric results indicating unusual or problematic hearing loss of concerns.

The NASA GRC Occupational Health Branch-Medical Services (OHB-MS) shall provide a copy of all audiometric data and any other pertinent medical data on file in the employee's medical records for review. The NASA Occupational Health Branch-Industrial Hygiene shall provide a copy of the employee's noise exposure history including NASA GRC noise exposure monitoring data and noise exposure information supplied by the employee and their supervisory personnel to OHB-MS. The NASA GRC OHB-MS staff shall assemble all the relevant documents and provide a referral packet of all pertinent data to the licensed audiologist. The referral packet information shall be provided in compliance with the following contract confidentiality clauses:

NASA GRC OHB-MS staff will be responsible for assuring employee medical records are secured and confidentially maintained. Records shall be maintained in accordance to the following (most current revision):

Privacy Act 1974

NPD 1382.17E Privacy Act System of Records (NASA 10HIMS)

NPD 1830.1B, NASA Employee Assistance Program

OSHA record keeping regulations

Health Insurance Portability and Accountability Act Regulations

Access to and copies of employees' medical records are permitted upon receipt of a signed release by the employee or receipt of a notarized designation by the employee or third party.

The licensed audiologist shall review the employee's medical data and noise exposure history, as provided by NASA, and provide a written interpretation summary and recommendations for the NASA OHB-MS Medical Director. The summary and recommendations shall include a discussion of the potential causes of the hearing loss, its work-relatedness, and

recommendations for an Otolaryngologist follow-up consult. Documentation of the written interpretation and summary shall be directed to the NASA OHB-MS Medical Director.

Statement of Work for GRC Medical Services

Medical Monitor and Support for Human Research Investigations

October, 2009

Medical Services shall provide Medical Monitoring responsibilities per JSC 20483, Rev. C "JSC Committee for the Protection of Human Subjects – Guidelines for Investigators Proposing Human Research for Space Flight and Related Investigations."

Medical Services responsibilities will comprise of pre-screening, screening and medical monitoring components to the program:

Pre-Screening Duties:

Medical Services shall provide the first screening to potential candidates regarding studies that are being advertised and refer potential subjects to the proper questionnaire and study protocols for medical clearance.

Medical Services nurses shall administer health history questionnaires over the telephone or review completed questionnaires for new prospective subjects who are interested in a particular research study. The questionnaire is a pre-screening tool that eliminates subjects early-on who do not qualify physically for a research study due to pre-existing medical conditions (such as diabetes, limited limb mobility, etc.).

Medical Services shall house subject files related to pre-existing conditions (questionnaires), physical results (including blood work, urinalysis and stress testing) at their facility in a secure file cabinet or computer file.

Medical Screening Duties:

Typical services from Medical Services that will be associated with subject physicals and screening will include a telephone health history questionnaire (to be administered by a nurse with consultation with the Medical Monitor as necessary); physical exam (excluding the specific exams mentioned); urinalysis (including pregnancy tests for female subjects); stress test (for qualifying subjects), lab work (the specific items to be tested for are provided to the Medical Monitor by the PI), and other tests as required.

Medical Monitoring Duties:

A primary duty of the Medical Monitor is to serve as a consultant for matters related to medical monitoring of human biomedical research activities in order to help ensure that human research is conducted in a safe and ethical manner. The Medical Monitor has the authority to immediately suspend human research or testing activity that is considered to constitute an unreasonable or unacceptable risk to the health, well being or safety of human test subjects or other research participants.

The Medical Monitor provides consultation to research investigators requesting assistance in developing medical criteria for selection of test subjects.

The Medical Monitor shall assist the Principal Investigator (PI) and Co-Investigators with research protocol development from a medical perspective. The Medical Monitor, along with the Principal Investigator and Co-Investigators, shall be available as a consultant during Institutional Review Board (IRB) reviews, and will be aware of and provide guidance on protocol modifications that involve medically-related areas. The JSC Committee for the Protection of Human Subjects (CPHS) is the governing IRB for NASA research protocols. Additional IRB reviews may be conducted by outside research institutions (e.g., Cleveland Clinic, University Hospitals) where research collaborations dictate.

The Medical Monitor shall participate in Test Readiness Reviews with GRC Safety Personnel and Test personnel prior to the initiation of new research protocols.

The Medical Monitor shall conduct or oversee physical exams on potential test subjects, who may be civil servants, contractors, or outside personnel. A typical exam is a modified Air Force Class III physical. The physical will include a complete history and physical addressing the major systems/organs. Specific tests performed will depend upon the study being completed. For subjects that meet certain age or risk factor requirements, a stress test may be performed as part of the screening process. As the research protocol dictates, a cardiologist shall conduct or oversee stress tests, with the Medical Monitor overseeing medical diagnostic tests (physical, blood test, urinalysis).

During human subject testing, the medical monitor shall provide the following:

- 1) Evaluation of test subjects who suffer injuries or illnesses that are not obvious emergencies in order to determine the appropriate level of care. The physician is expected to then carry out a plan for providing this care. This plan could include anything from calling for immediate EMS transport, arranging for urgent or next-day clinic care, or simply providing advice for self-care at home.
- 2) Treatment of minor illnesses and injuries on-site for subjects who may be deemed safe to go home.
- 3) Provision of an expert opinion to injured test subjects who may be considering refusal of EMS transport.
- 4) Evaluation of the cause of the injury or illness in order to provide immediate feedback to the investigators about how procedures could be modified to prevent another incident.

5) Provide feedback to the CPHS regarding any unexpected medical issues associated with a protocol.

Certifications and Pre-Requisites:

The JSC CPHS requires "Human Subject Certification" for all personnel who come in contact with the test subjects (in this case, the physician/medical monitor and nurses). This is in the form of on-line training, which is of no cost to the participant and typically takes ~ 6 hours to complete for the initial training. The Collaborative Institutional Training Initiative, or CITI Program (www.citiprogram.org) is a subscription service providing research ethics education to all members of the research community. The course "Biomedical Research Investigator and Key Personnel" is the appropriate course to select. At the completion of the training, the certificate of completion should be printed and hardcopy provided to the PI to keep with training records and to submit with the research protocols to CPHS. The certification must be renewed every 2 years, and the renewal training is less intensive than the initial training.

For all 'reasonable risk' research protocols, the Principal Investigator proposes the level of medical monitoring. The JSC Committee for the Protection of Human Subjects (CPHS) evaluates the medical monitoring plan for each portion of the protocol. The JSC CPHS typically categorizes medical monitoring into four levels. For example, the Exercise Countermeasures Lab has been quantified as Level 3 for research studies.

Level 1: The Advanced Cardiac Life Support (ACLS)-certified physician must be physically present in the room at the time of the test (active monitoring). An up-to-date 'crash cart' is located in the immediate vicinity of the test. Two basic life support (BLS)-certified test operators are also present during testing (test personnel are not included as part of this SOW).

Level 2: An up-to-date crash cart is immediately available in the building where the test is being conducted and an ACLS-certified physician is able to reach the testing area within 2 minutes. Two BLS-certified operators are present at all times.

Level 3: The ACLS-certified physician is available within 15 minutes of notification. The physician is generally familiar with the study and will be notified in advance of the time and place of each test. A telephone contact number for the physician should be posted at the test, along with the test termination criteria.

Level 4: The ACLS-certified physician is aware of the specific testing and available for consultation.

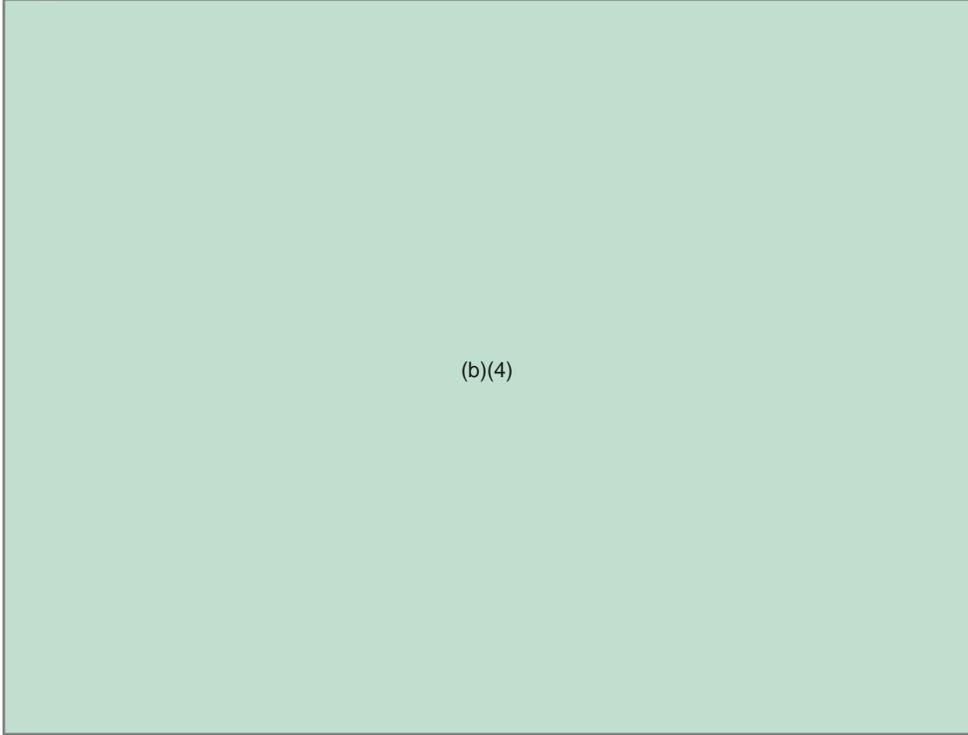
Testing Fees and Billing Procedures:

Medical Services shall establish a fee for service schedule of charges for the services explained above. These services shall be billed on a quarterly basis to the program and rebated to the overall cost of the contract. These costs shall be reviewed annually versus those of third party providers in the local area for reasonableness and a potential annual adjustment.

The following table establishes the initial pricing for the fee for service schedule of charges for the services explained above:

Pricing

| Item | Item |
|------|------|
| | |



(b)(4)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

2. AMENDMENT/MODIFICATION NO.

3. EFFECTIVE DATE

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (If applicable)

000028

01/26/2010

4200327145

6. ISSUED BY

CODE

GRC

7. ADMINISTERED BY (If other than Item 6)

CODE

GRC

NASA/Glenn Research Center
Procurement Division, MS 500-313
21000 Brookpark Road
Cleveland OH 44135-3127

NASA/Glenn Research Center
Procurement Division, MS 500-313
21000 Brookpark Road
Cleveland OH 44135-3127

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

SINGLETON HEALTH SERVICES
Attn: Kenneth B. Singleton, MD
8501 LaSalle Road, Suite 310
Towson MD 21286

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT/ORDER NO.
NNC06CB70C

10B. DATED (SEE ITEM 13)

03/31/2006

CODE

FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended. is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

See Schedule

Net Increase:

\$700,000.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

- CHECK ONE
- A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
 - B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
 - C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
 - D. OTHER (Specify type of modification and authority)
Cost-Plus-Fixed-Fee (CPFF), FAR 52.232-22 Limitation of Funds

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ 0 _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

LIST OF CHANGES:

Add incremental funding: PR42003227145 \$700,000.00

Obligated Amount for this Modification: \$700,000.00

New Total Obligated Amount for this Award: \$5,910,201.81

Incremental Funded Amount changed: increased by \$700,000.00
from \$4,349,515.00 to \$5,049,515

Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

DONALD HOFFMAN

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

(Signature of Contracting Officer)

01/26/2010

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 NNC06CB70C/000028

PAGE OF
 2 2

NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>CHANGES FOR LINE ITEM NUMBER: 5 Obligated Amount for this modification: \$700,000.00 Incremental Funded Amount changed by \$700,000.00 .00 from \$4,349,515.00 to \$5,049,515</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 22QS00/6100.2560/22/FC000000/736466.01.09.03.02.0/ 1/000/2560/22/CASX22010D/361N/1/2 Cost Center 22QS00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$700,000.00 Percent: 22.66938 Subject To Funding: Payment Address:</p> | | | | |

| | | | |
|---|---------------------------------|--|---------------------------------------|
| 2. AMENDMENT/MODIFICATION NO. 000027 | 3. EFFECTIVE DATE 12/15/2009 | 4. REQUISITION/PURCHASE REQ. NO. 4200323308 | 5. PROJECT NO. (If applicable) 1 2 |
| 6. ISSUED BY NASA/Glenn Research Center Procurement Division, MS 500-313 21000 Brookpark Road Cleveland OH 44135-3127 | CODE GRC | 7. ADMINISTERED BY (If other than Item 6) NASA/Glenn Research Center Procurement Division, MS 500-313 21000 Brookpark Road Cleveland OH 44135-3127 | CODE GRC |

| | | |
|---|---------------|---|
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) SINGLETON HEALTH SERVICES Attn: Kenneth B. Singleton, MD 8501 LaSalle Road, Suite 310 Towson MD 21286 | (x) | 9A. AMENDMENT OF SOLICITATION NO. |
| | | 9B. DATED (SEE ITEM 11) |
| | X | 10A. MODIFICATION OF CONTRACT/ORDER NO. NNC06CB70C |
| | | 10B. DATED (SEE ITEM 13) 03/31/2006 |
| CODE | FACILITY CODE | |

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$71,000.00
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

| | |
|-----------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. |
| | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
| | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: |
| | D. OTHER (Specify type of modification and authority) |
| X | Cost-Plus-Fixed-Fee (CPFF), FAR 52.232-22 Limitation of Funds |

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ 0 _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)
LIST OF CHANGES:

Add: PR4200323308 for \$71,000.00.
Pursuant to the Limitation of Funds Clause FAR 52.232.2, the total funding is increased by \$71,000.00 from \$5,139,201.81 to \$5,210,201.81.
Obligated Amount for this Modification: \$71,000.00
New Total Obligated Amount for this Award: \$5,210,201.81

Continued ...
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

| | |
|---|--|
| 15A. NAME AND TITLE OF SIGNER (Type or print) | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) DONALD HOFFMAN |
| 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) | 15C. DATE SIGNED |
| | 16B. UNITED STATES OF AMERICA (Signature of Contracting Officer) |
| | 16C. DATE SIGNED 12/15/2009 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 NNC06CB70C/000027

PAGE OF
 2 2

NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | Incremental Funded Amount changed: increased by \$71,000.00 from \$4,278,515.00 to \$4,349,515.00 CHANGES FOR LINE ITEM NUMBER: 5 Obligated Amount for this modification: \$71,000.00 Incremental Funded Amount changed from \$1,019,945.00 to \$1,090,945.00 NEW ACCOUNTING CODE ADDED: Account code: 22QS00/6100.2560/22/FC000000/736466.01.09.03.02.0/ 1/000/2560/22/CASX22010D/361N/1/2 Cost Center 22QS00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$71,000.00 Percent: 2.29932 Subject To Funding: Payment Address: | | | | |

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

1 2

2. AMENDMENT/MODIFICATION NO.

000026

3. EFFECTIVE DATE

11/18/2009

4. REQUISITION/PURCHASE REQ. NO.

4200318542

5. PROJECT NO. (if applicable)

6. ISSUED BY

CODE

GRC

7. ADMINISTERED BY (if other than Item 6)

CODE

GRC

NASA/Glenn Research Center
Procurement Division, MS 500-313
21000 Brookpark Road
Cleveland OH 44135-3127

NASA/Glenn Research Center
Procurement Division, MS 500-313
21000 Brookpark Road
Cleveland OH 44135-3127

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

SINGLETON HEALTH SERVICES
Attn: Kenneth B. Singleton, MD
8501 LaSalle Road, Suite 310
Towson MD 21286

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT/ORDER NO.
NNC06CB70C

10B. DATED (SEE ITEM 13)

03/31/2006

CODE

FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended. is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)

See Schedule

Net Increase:

\$240,000.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

| | |
|-----------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. |
| | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
| | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: |
| | D. OTHER (Specify type of modification and authority) |
| X | Cost-Plus-Fixed-Fee (CPFF), FAR 52.232-22 Limitation of Funds |

E. IMPORTANT: Contractor is not is required to sign this document and return _____ 0 _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

LIST OF CHANGES:

Add clause 52.223-5 Alt 1 (Aug 2003). Under Clause H.7 add:

"(c) (7) The environmental management system as described in Section 401 of E.O. 13148"

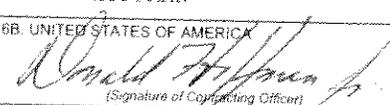
Obligated Amount for this Modification: \$240,000.00

New Total Obligated Amount for this Award: \$5,139,201.81

Incremental Funded Amount changed: by \$240,000.00 from \$4,038,515.00 to \$4,278,515.00

Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

| | | | |
|---|------------------|--|------------------|
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) | |
| | | DONALD HOFFMAN | |
| 15B. CONTRACTOR/OFFEROR | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA | 16C. DATE SIGNED |
| (Signature of person authorized to sign) | |  | 11/18/2009 |
| | | (Signature of Contracting Officer) | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 NNC06CB70C/000026

PAGE 2 OF 2

NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | CHANGES FOR LINE ITEM NUMBER: 5 Obligated Amount for this modification: \$240,000.00 Incremental Funded Amount changed from \$779,945.00 to \$1,019,945.00 NEW ACCOUNTING CODE ADDED: Account code: 22QS00/6100.2560/22/FC000000/736466.01.09.03.02.0/ 1/000/2560/22/CASX22010D/361N/1/2 Cost Center 22QS00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$240,000.00 Percent: 7.77236 Subject To Funding: Payment Address: | | | | |

AMENDMENT OF SOLICITATION/MODIFICATION CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

1 2

2. AMENDMENT/MODIFICATION NO.

3. EFFECTIVE DATE

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (If applicable)

000025

09/14/2009

4200313775

6. ISSUED BY

CODE

GRC

7. ADMINISTERED BY (If other than Item 6)

CODE

GRC

NASA/Glenn Research Center
Procurement Division, MS 500-313
21000 Brookpark Road
Cleveland OH 44135-3127

NASA/Glenn Research Center
Procurement Division, MS 500-313
21000 Brookpark Road
Cleveland OH 44135-3127

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

SINGLETON HEALTH SERVICES
Attn: Kenneth B. Singleton, MD
8501 LaSalle Road, Suite 310
Towson MD 21286

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

X 10A. MODIFICATION OF CONTRACT/ORDER NO.
NNC06CB70C

10B. DATED (SEE ITEM 13)

CODE

FACILITY CODE

03/31/2006

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended. is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

Net Increase:

\$4,000.00

See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

| | |
|-----------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. |
| | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
| | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: |
| | D. OTHER (Specify type of modification and authority) |
| X | Cost-Plus-Fixed-Fee (CPFF), FAR 52.232-22 Limitation of Funds |

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ 0 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

LIST OF CHANGES:

Add: PR 4200313775 for \$4,000.00

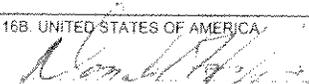
Pursuant to the Limitation of Funds Clause FAR 52232.2, the total funding is increased by \$4,000.00 from \$4,095,201.81 to \$4,899,201.81

Obligated Amount for this Modification: \$4,000.00

New Total Obligated Amount for this Award: \$4,899,201.81

Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

| | | | |
|---|------------------|--|------------------|
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) | |
| | | DONALD HOFFMAN | |
| 15B. CONTRACTOR/OFFEROR | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA | 16C. DATE SIGNED |
| (Signature of person authorized to sign) | |  | 09/14/2009 |
| | | (Signature of Contracting Officer) | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 NNC06CB70C/000025

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 2 2

NAME OF OFFEROR OR CONTRACTOR
 SINGLETON HEALTH SERVICES

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | Incremental Funded Amount changed: increase by \$4,000.00 from \$4,034,515.00 to \$4,038,515.00 CHANGES FOR LINE ITEM NUMBER: 5 Obligated Amount for this modification: \$4,000.00 Incremental Funded Amount changed from \$775,945.00 to \$779,945.00 NEW ACCOUNTING CODE ADDED: Account code: 22QS00/6100.2560/22/FC000000/736466.01.09.03.02.0/ 1/000/2560/22/CASX22009D/361N/1/2 Cost Center 22QS00 GI Account 6100.2560 Order FC000000 Quantity: 0 Amount: \$4,000.00 Percent: .12954 Subject To Funding: Payment Address: | | | | |