110 SE Watula Avenue, Third Floor
Ocala, Florida 34471
Main Number: (352) 629-8402
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EXHIBIT B – REFERENCE FORM

In order to be deemed responsive and responsible, Proposer must be able to provide references from: (a) at least one (1) health center/clinic managed and operated for a municipality or other governmental entity for a period of at least five (5) consecutive years, which provided the same type of services as those sought by the City of Ocala and is equivalent in scale to the number of participants; and (b) at least two (2) additional references from entities for whom proposer provided the same type of health center/clinic management and operational services as those sought by the City within the United States.

For each reference identified, proposer must provide the name of the entity, contact person name/title, phone number, email address, a description of the services performed, the length of business relationship, and the contract value. The contact person identified must have direct knowledge of the provider's work and performance.

REFERENCE #1:

Name of Entity:			
Contact Name:		**Title:**	
Address:			
Telephone:		**E-Mail:**	
Length of Business Relationship:		**Contract Value:**	
Description of Services Performed:			
Number of Eligible Employees/Subscribers:			
Name of Entity:			

REFERENCE #2:

Name of Entity:			
Contact Name:		**Title:**	
Address:			
Telephone:		**E-Mail:**	
Length of Business Relationship:		**Contract Value:**	
Description of Services Performed:			
Number of Eligible Employees/Subscribers:			
Name of Entity:			

REFERENCE #3:

Name of Entity:			
Contact Name:		**Title:**	
Address:			
Telephone:		**E-Mail:**	
Length of Business Relationship:		**Contract Value:**	
Description of Services Performed:			
Number of Eligible Employees/Subscribers:			
Name of Entity:			

If additional pages are needed, please attach additional sheets to this page.