

**SECOND AMENDMENT**  
**TO**  
**SURGERY PLUS SERVICES AGREEMENT**

This SECOND AMENDMENT (this “**Second Amendment**”) to that certain Surgery Plus Services Agreement dated effective as of July 1, 2021 (as amended, the “**Agreement**”) is made by and between Employer Direct Healthcare, LLC d/b/a Lantern Specialty Care a Delaware limited liability company (“**EDH**” or “**Lantern**”) and Indian River County, Florida (“**Sponsor**”).

**RECITALS**

- I. Lantern and Sponsor entered into the Agreement so that Lantern’s network and services could be incorporated into Sponsor’s health benefit plan and made available to the eligible participants enrolled in such plan.
- II. Lantern and Sponsor now desire to amend the Agreement based upon the terms and conditions contained in this Second Amendment.

NOW, THEREFORE, in consideration of the foregoing premises and mutual covenants, agreements, representations, and warranties set forth herein, and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Lantern and Sponsor agree as follows:

1. Renewal Term. Pursuant to Section 5.1 of the Agreement, the Agreement is hereby renewed for a two-year Renewal Term, commencing July 1, 2025 and ending June 30, 2027.
2. Effective Date. This Second Amendment is effective as of July 1, 2025.
3. Definitions. Capitalized terms used in this Second Amendment but not otherwise defined shall have the meaning ascribed to such terms in the Agreement.
4. Remaining Provisions. Except as specifically provided herein, all terms and conditions of the Agreement shall remain in full force and effect. In the event of any conflict between the terms of the Agreement and this Second Amendment, the terms of this Second Amendment shall control.

*[Signature page(s) follow]*

**IN WITNESS WHEREOF**, the parties have caused this Second Amendment to be executed by the undersigned duly authorized representatives.

**EMPLOYER DIRECT HEALTHCARE, LLC D/B/A LANTERN SPECIALTY CARE**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Indian River County, Florida**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_