

AMA WEL 24003 B

Received

JUL 11 2024

WV Ethics Commission

West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: AMG Healthcare Services Address: 10305 NW 41st Street Suite 201
Doral, FL 33178

Name of Authorized Agent: Barry Hill Address: 10305 NW 41st Street Suite 201 Doral, FL 33178

Contract Number: _____ Contract Description: Radiologic Technologist

Governmental agency awarding contract: _____

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

1. Subcontractors or other entities performing work or service under the Contract

Check here if none, otherwise list entity/individual names below.

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

Check here if none, otherwise list entity/individual names below.

Barry Hill

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.

Barry Hill

Signature: [Handwritten Signature]

Date Signed: 06/04/2024

Notary Verification

State of Florida County of Miami-Dade

I, Patricia Griffo, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 4th day of June, 2024.

[Handwritten Signature]
Notary Public's Signature

To be completed by State Agency:
Date Received by State Agency: 06/04/2024
Date submitted to Ethics Commission: _____
Governmental agency submitting Disclosure: _____

