

75 Langley Drive | Lawrenceville, GA 30046-6935 (0) 770.822.8720 | (F) 770.822.8735 OAVIT www.gwinnettcounty.com

EXHIBIT F - CODE OF ETHICS AFFIDAVIT

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### CODE OF ETHICS AFFIDAVIT

PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE REQUIRED PRIOR TO EVALUATION.

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the bidder/proposer, its affiliates or its subcontractors:

1.	CareATC, Inc.	
	Company Submitting Bid/Proposal	
2.	Please select one of the following:  ☑ No information to disclose (complete only section ☐ Disclosed information below (complete section 3 &	4 below) & section 4 below)
3.	If additional space is required, please attach list:	
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
4.	BY: C2EBF07469E48B Authorized Officer or Agent Signature	Sworn to and subscribed before me this
	Lisa Ness	and day of NOV ember 20 23
F	Printed Name of Authorized Officer or Agent	00.010
(	Chief Revenue Officer	Show aller
ī	itle of Authorized Officer or Agent of Contractor	Notary Public  SHARON, KAY COUCH  Notary Public, State of Oklahoma  Commiss(seal) 22006981  My Commission Expires 05-19-2026



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1.	Crossover Health Medical Group, APC	
	Company Submitting Bid/Proposal	
	. ,	
2	Please select one of the following:	
2.	⊠ No information to disclose (complete only section)	on 4 helow)
	☐ Disclosed information below (complete section 3	3 & section 4 below)
	Discissed information policy (1997)	
	1	
3.	If additional space is required, please attach list:	
	Outline at County Floated Official Name	Gwinnett County Elected Official Name
	Gwinnett County Elected Official Name	
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
	$\mathcal{O}_{\alpha}$	
	XVV M	
4		Sworn to and subscribed before me this
	Authorized Officer or Agent Signature	Swoth to and subscribed before the this
	Scott Shreeve, MD	, day of, 20
	Printed Name of Authorized Officer or Agent	
	Chief Executive Officer	see attachment
	Title of Authorized Officer or Agent of Contractor	Notary Public
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		(seal)
		(004.)

#### **CALIFORNIA JURAT**

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  County of			
	Subscribed and sworn to (or affirmed) before me on this 2 day of November, 20 33, by Date Month Year		
Lyn Najafinia COMM # 2359061 NOTARY PUBLIC—CALFORNIA Orange COUNTY MY COMM. EXPIRES 06/28/2025  Place Notary Seal and/or Stamp Above	(and (2)		
OF	PTIONAL		
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.			
Description of Attached Document			
Title or Type of Document: Lode of Eth	Title or Type of Document: Code of Ethics Affidavit - Gwinnet		
Document Date:	Number of Pages:		
Signer(s) Other Than Named Above:			



I. Evernorth Direct Health, LLC

# GWINNETT COUNTY DEPARTMENT OF FINANCIAL SERVICES PURCHASING DIVISION

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	Company Submitting Bid/Proposal	
2.	Please select one of the following:  ☑ No information to disclose (complete only section ☐ Disclosed information below (complete section 3	
3.	If additional space is required, please attach list:	
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
4	BY: Theny BA Authorized Officer Agent Signature	Sworn to and subscribed before me this
	Jeffrey T. Perry, DBA Printed Name of Authorized Officer or Agent	1st day of November, 2023
	Vice President	Vijey Delnu 1 Notary Public
	Title of Authorized Officer or Agent of Contractor	OFFICIAL SE VIJAY DESHI



## DEPARTMENT OF FINANCIAL SERVICES PURCHASING DIVISION

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1.	Marathon Health, LLC	
	Company Submitting Bid/Proposal	
2.	Please select one of the following:  ☑ No information to disclose (complete only sec ☐ Disclosed information below (complete section)	
3.	If additional space is required, please attach list:	
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
4.	BY: Authorized Officer or Agent Signature	Sworn to and subscribed before me this
-	Chad Ashcraft Printed Name of Authorized Officer or Agent	and day of November, 20 23
	Chief Growth Officer	Petricie O. Hosen
	Title of Authorized Officer or Agent of Contractor	Notary Public  Patricia J. Flogan  Notary Public, State of Indiana Marion County  SEAL  My Commission Expires  May 21, 2027



# DEPARTMENT OF FINANCIAL SERVICES PURCHASING DIVISION

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its affiliates or its subcontractors:			
1.	Med Investors Development, LLC dba One to One Health		
	Company Submitting Bid/Proposal		
2.	Please select one of the following:  ✓ No information to disclose (complete only section)  □ Disclosed information below (complete section 3 &	4 below) & section 4 below)	
3.	If additional space is required, please attach list:		
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name	
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name	
4	. BY: MIT- Authorized Officer or Agent Signature	Sworn to and subscribed before me this	
Wil Trohanis		7thday of _November, 20_23_	
	Printed Name of Authorized Officer or Agent	Andre Ask minimum.	
	Chief Revenue Officer	Notary Public Notary Public	
	Title of Authorized Officer or Agent of Contractor	STATE OF TENNESSEE SEALDTARY	
	Notes On Online att County Code of Ethi	PUBLIC TON COUNTY OF OR ORGINARY TON COUNTY OF OR ORGINARY OF ORGI	
	Note: See Gwinnett County Code of Ethio ordinance will be available to view in its	entirety at GwinnettCounty.com	



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JOHN C

TENNESSEE NOTARY

on Expires Janua

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1. Pr	emise Health Employer Solutions, LLC	
Comp	pany Submitting Bid/Proposal	
X N	se select one of the following: o information to disclose (complete only section isclosed information below (complete section 3 &	
3. If add	ditional space is required, please attach list:	
Gwin	nnett County Elected Official Name	Gwinnett County Elected Official Name
Gwir	nnett County Elected Official Name	Gwinnett County Elected Official Name
4. BY:_ Au	uthorized Officer or Agent Signature	Sworn to and subscribed before me this
	liam Wright d Name of Authorized Officer or Agent	2742 day of October, 2023
Sec	retary & General Counsel  f Authorized Officer or Agent of Contractor	Notary Public ST/



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пъ	attiliates of its subcontractors.	
1.	Proactive MD GA, LLC	
	Company Submitting Bid/Proposal	
2.	Please select one of the following:  ☑ No information to disclose (complete only section ☐ Disclosed information below (complete section 3 &	4 below) & section 4 below)
3.	If additional space is required, please attach list:	
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
	Ominion occurry increase and in	
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
4	BY:Authorized Officer or Agent Signature	Sworn to and subscribed before me this
	Benjamin Stoner	31 of day of October, 20 23
	Printed Name of Authorized Officer or Agent	(Andrew MATUR)
	EVP, Finance Title of Authorized Officer or Agent of Contractor	Notary Public
		JULY 5
	Note: See Gwinnett County Code of Ethi ordinance will be available to view in its	cs Ordinance EO2011, Sec. 54-33. The 2026 entirety at GwinnettCounty.com