

EXHIBIT B

CONFLICTS DISCLOSURE FORM

Directions: Respondents to this RFP must disclose all actual or potential conflicts of interest. Respondents must complete this form even if they have no conflicts to disclose. Please check all that apply, sign and date the form, and fill in the RFP number below:

- The Respondent hereby discloses the name of any officer, director, or agent who is an elected official, appointed official or an employee of the District.

- The Respondent hereby discloses the name of any elected official, appointed official or employee of the District, who owns directly or indirectly, any interest in the Respondent's firm or any of its affiliates or branches.

- The Respondent affirmatively states that it has no conflicts of interest with the District or its Board of Commissioners or Committees; Lakeside Medical Center or its Board of Directors, Primary Care Clinics or its Board of Directors, or with regard to any other work performed by the Respondent for the District.

I UNDERSTAND THAT I AM REQUIRED TO INFORM THE DISTRICT OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM DURING THE CONTRACT.

(Signature)

Date

Name:

Position:

Respondent name and business address:

RFP# MRILMC/LN