

Exhibit X

SUNY 01-C504391-3320211

OSC Use Only

Reporting Code: CUB

Category Code:

Date Contract Approved:

Form A

State Consultant Services – Contractor’s Planned Employment
From Contract State Date Through the End of the Contract Term

State Agency Name: SUNY Upstate Medical University Agency Code: 28110

Contractor Name: ASSOCIATED MEDICAL PROFESSIONALS Contract Number: C-504391
Contract Start Date 10/1/2017 Contract End Date: 9/30/2022

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
URology CALL COVERAGE	13	4,464	\$465,000.00
Total This Page	13	4,464	\$465,000.00
Grand Total	13	4,464	\$465,000.00

Name of person who prepared this report Howard J. Williams, M.D.
Title: C.E.O. Phone #: 315-478-4185
Preparer’s Signature: Howard J. Williams
Date Prepared: 12-1-2017