

PRE-PROPOSAL CONFERENCE VISIT ATTENDANCE SHEET

BID # 12-0064-1

TITLE: Employee Health Clinic for Chatham County

TIME: 10:00

DATE: 08-14-12

Peggy Joyner

Name (Please Print)

Chatham County Purchasing & Contr.

Company Name

1117 Eisenhower Drive, Suite C

Address

Savannah, GA 31406

City/State/Zip

912-790-1626 / 912-790-1627

Phone Number/Fax Number

Robin Maurer

Name (Please Print)

C.C. Purch & Contr

Company Name

1117 Eisenhower Drive, Suite C

Address

Savannah, GA 31404

City/State/Zip

912-790-1623, 912-790-1627

Phone Number/Fax Number

B.D. CLABORN JR

Name (Please Print)

HEALTHPAC Computer Systems INC.

Company Name

1010 E VICTORY DR

Address

Sav'nt GA 31405

City/State/Zip

912 341-7420

Phone Number/Fax Number

Melinda Lewis

Name (Please Print)

HealthPac Computer Systems

Company Name

1010 East Victory Drive

Address

Savannah, Ga 31405

City/State/Zip

912-272-5802

Phone Number/Fax Number

Fax- 233-4374

Melissa Hagan

Name (Please Print)

Transform Health Ex

Company Name

1221 Merchants Way, Suite 302

Address

Statesboro, GA 30458

City/State/Zip

912-225-1858 / 912-225-3605 Fax

Phone Number/Fax Number

SNY LEE

Name (Please Print)

TRANSFORM HEALTH EX

Company Name

1221 MERCHANTS WAY, SUITE 302

Address

STATSBORO, GA. 30458

City/State/Zip

912-225-1858 / 912-225-3605 F

Phone Number/Fax Number

Sara Borders

Name (Please Print)

Health to You

Company Name

3322 WEST END AVE., SUITE 400

Address

NASHVILLE, TN 37203

City/State/Zip

615-344-4561 / 615-383-0685

Phone Number/Fax Number

Stephanie Knight

Name (Please Print)

St. Joseph's Candler

Company Name

1100 Mealey Blvd plaza A

Address

Savannah 31419

City/State/Zip

919 2430

Phone Number/Fax Number

bldg 7

PRE-PROPOSAL CONFERENCE VISIT ATTENDANCE SHEET

2

BID # 12-0064-1

TITLE: Employee Health Clinic for Chatham County

TIME: 10:00

DATE: 08-14-12

Pyper gynn  
Name (Please Print)

Michael Brown  
Name (Please Print)

Chatham County  
Company Name

Health Stat  
Company Name

1517 Eisenhower  
Address

4651 Charlotte Park Dr. Suite 300  
Address

Savannah 31405  
City/State/Zip

Charlotte, NC 28217  
City/State/Zip

912-790-1624  
Phone Number/Fax Number

704-582-3705 / 704-831-6097  
Phone Number/Fax Number

Myndy Bradly  
Name (Please Print)

David Young  
Name (Please Print)

Optim Medical Assoc. Eisen  
Company Name

Young and Associates  
Company Name

340 EISENHOWER DR #1200  
Address

1720 Wembley Rd.  
Address

SAV, GA 31406  
City/State/Zip

Ashville NC 28804  
City/State/Zip

912-441-6789, 912-701-9606  
Phone Number/Fax Number

828-691-6555  
Phone Number/Fax Number

MATHAN SMITH  
Name (Please Print)

Ramona Hill  
Name (Please Print)

OURLIFE HEALTH  
Company Name

Chatham County  
Company Name

1303 Bull Street  
Address

124 Bull Street  
Address

SARASOTA CA 31411  
City/State/Zip

SAV. GA. 31401  
City/State/Zip

(912) 234-6041 / (912) 344-0049  
Phone Number/Fax Number

912-652-9932 / 9951  
Phone Number/Fax Number

Beth Thornton  
Name (Please Print)

Louise Belton  
Name (Please Print)

ST. Joseph's/candler  
Company Name

Memorial Health  
Company Name

11706 Mercy Blvd.  
Address

10425 Alameda Street  
Address

Savannah, Ga  
City/State/Zip

Savannah GA 31419  
City/State/Zip

912-819-3332  
Phone Number/Fax Number

912-350-7702  
Phone Number/Fax Number

912-350-6248 (FAX)

PRE-PROPOSAL CONFERENCE VISIT ATTENDANCE SHEET

3

BID # 12-0064-1

TITLE: Employee Health Clinic for Chatham County

DATE: 08-14-12

TIME: 10:00

Tamala Fulton  
Name (Please Print)  
Chatham County  
Company Name

\_\_\_\_\_  
Name (Please Print)  
\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State Zip

\_\_\_\_\_  
Phone Number/Fax Number

\_\_\_\_\_  
Phone Number/Fax Number

Michael Kaigler  
Name (Please Print)  
Chatham County  
Company Name

\_\_\_\_\_  
Name (Please Print)  
\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State Zip

\_\_\_\_\_  
Phone Number/Fax Number

\_\_\_\_\_  
Phone Number/Fax Number

Bob Johnson  
Name (Please Print)  
Chatham County  
Company Name

\_\_\_\_\_  
Name (Please Print)  
\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State Zip

\_\_\_\_\_  
Phone Number/Fax Number

\_\_\_\_\_  
Phone Number/Fax Number

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State Zip

\_\_\_\_\_  
Phone Number/Fax Number

\_\_\_\_\_  
Phone Number/Fax Number