



Řízení letového provozu České republiky

Dodatek č. 4

ke Smlouvě o poskytování a využívání provozních dat

uzavřené dne 6. 12. 2021 podle ust. § 1746 odst. a násl. zákona č. 89/2012, občanský zákoník, ve znění dodatku č. 1 ze dne 14.2.2022, dodatku č. 2 ze dne 13.6.2022 a dodatku č. 3 ze dne 18.10.2023

(dále jen „**dodatek č. 4**“)

1. Smluvní strany

Řízení letového provozu České republiky, státní podnik (ŘLP ČR, s. p.)

se sídlem: Navigační 787, 252 61 Jeneč
IČO: 49710371
DIČ: CZ699004742
zápis v obchodním rejstříku: zapsán v obchodním rejstříku vedeném Městským soudem v Praze, oddíl A, vložka 10771
bankovní spojení: ČSOB
číslo účtu: 88153/0300
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

na straně jedné (dále jen „**poskytovatel dat**“)

a

Jihočeské letiště České Budějovice a.s.

se sídlem: U Zimního stadionu 1952/2, České Budějovice 7,
370 01 České Budějovice
IČ: 26093545
DIČ: CZ26093545
zápis v obchodním rejstříku: zapsán v obchodním rejstříku vedeném Krajským soudem v Českých Budějovicích, oddíl B, vložka 1450
bankovní spojení: ČSOB České Budějovice
číslo účtu: 196577257/0300
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

na straně druhé (dále jen „**příjemce dat**“)

Poskytovatel dat a příjemce dat dále také společně jako „**smluvní strany**“ nebo jednotlivě jako „**smluvní strana**“

2. Preambule

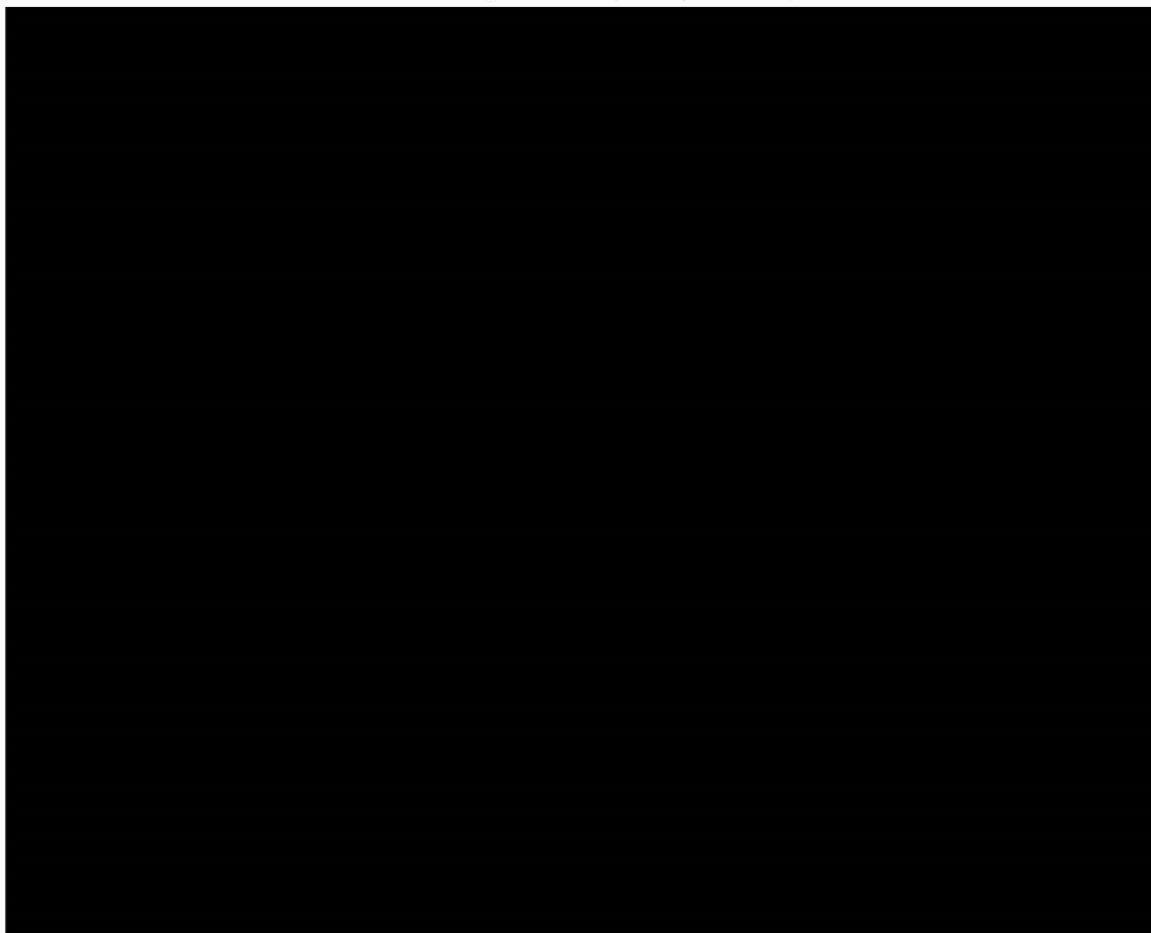
- 2.1 Smluvní strany uzavřely dne 6. 12. 2021 Smlouvu o poskytování a využívání provozních dat (dále jen "**Smlouva**"), a to za účelem vzájemné spolupráce při řízení a organizaci provozu na letišti České Budějovice.
- 2.2 Předmětem Smlouvy je poskytování provozních dat z ATM systémů poskytovatele dat do systémů příjemce dat. Dále je Smlouvou stanoven druh, rozsah a pravidla pro využívání provozních dat.

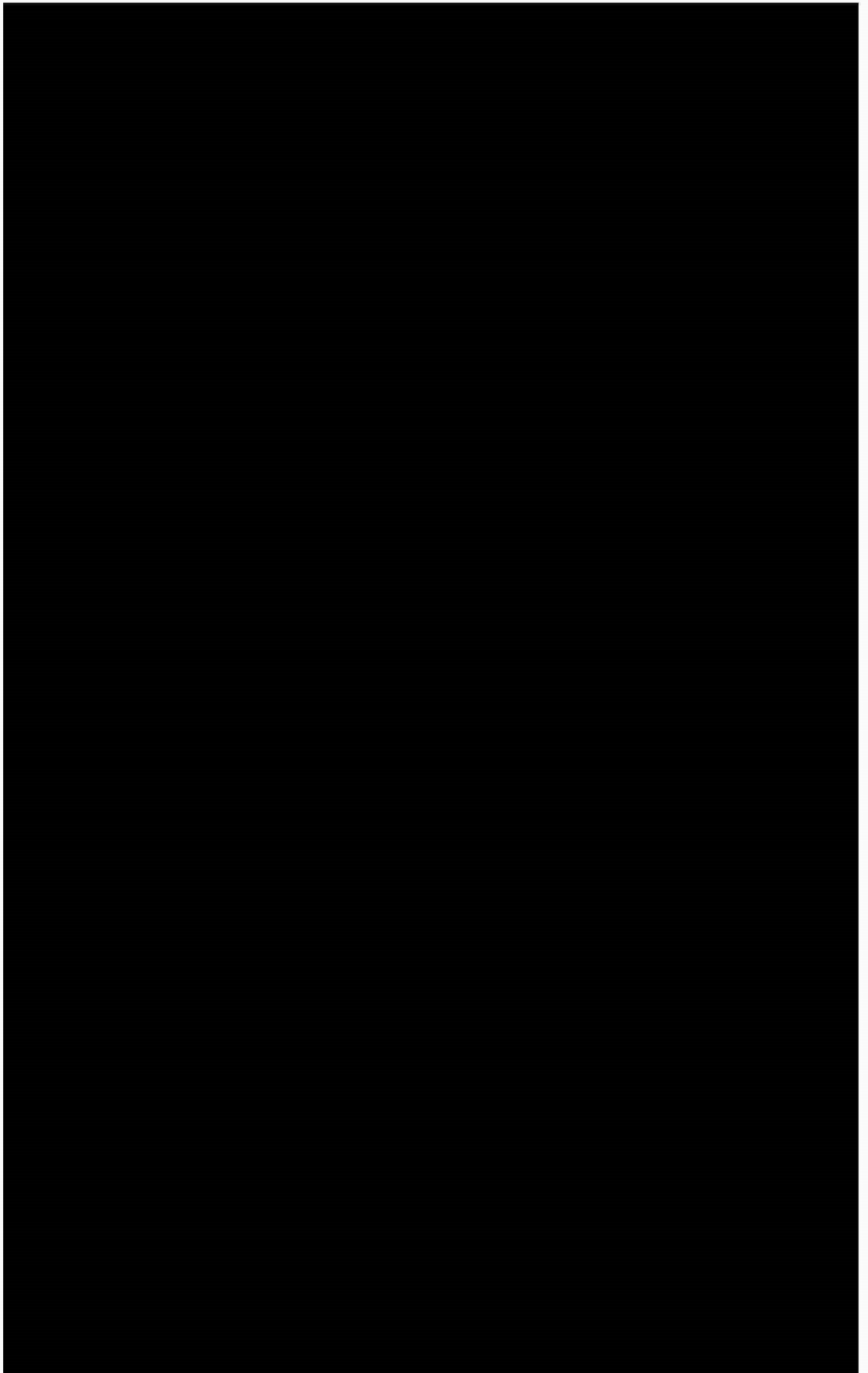
3. Předmět dodatku č. 4

- 3.1 Smluvní strany se v rámci tohoto dodatku č. 4 dohodly, že ruší všechny původní přílohy č. 1 - 5 Smlouvy a nahrazují je přílohami novými.

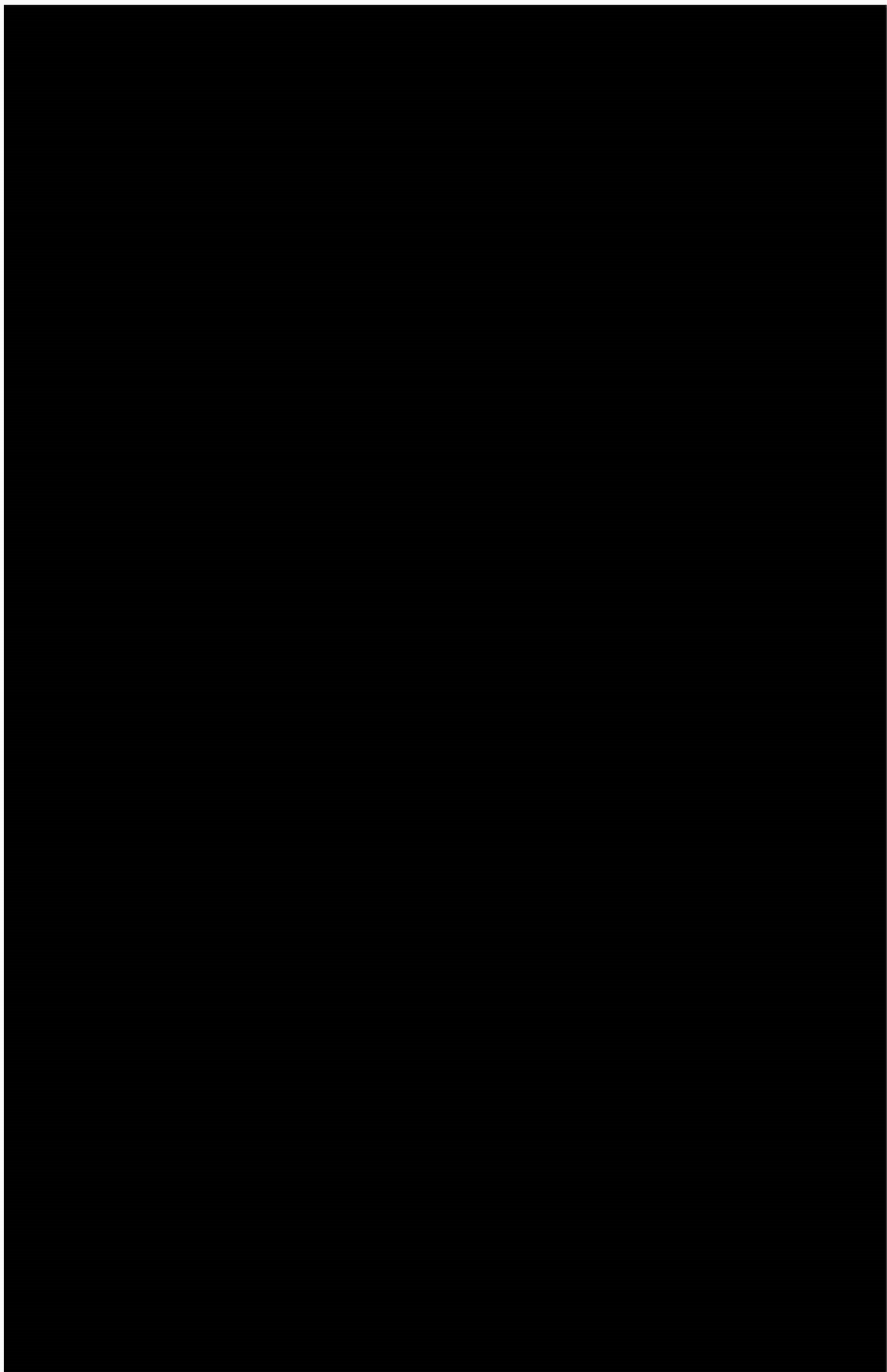
4. Závěrečná ustanovení

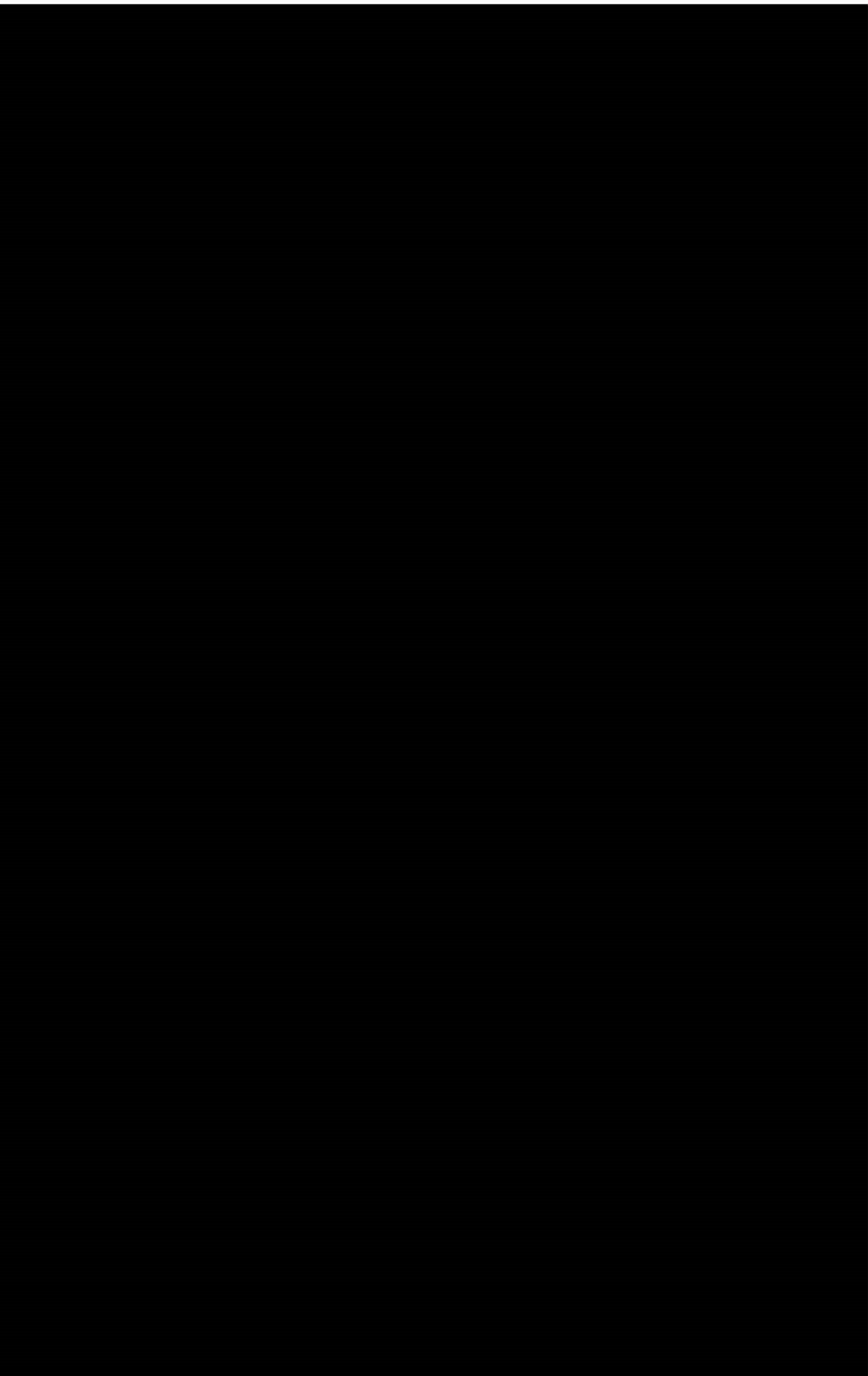
- 4.1 Ostatní ustanovení Smlouvy zůstávají v platnosti beze změn.
- 4.2 **Tento dodatek č. 4 se uzavírá elektronicky, a to pouze v jednom elektronickém vyhotovení.**
- 4.3 Tento dodatek č. 4 nabývá platnosti dnem podpisu oběma smluvními stranami a účinnosti dnem uveřejnění v registru smluv.
- 4.4 Příjemce dat bere na vědomí, že poskytovatel dat je povinen uveřejnit tento dodatek ve smyslu zákona č. 340/2015 Sb., o zvláštních podmínkách účinnosti některých smluv, uveřejňování těchto smluv a o registru smluv (zákon o registru smluv), ve znění pozdějších předpisů. Příjemce dat bere rovněž na vědomí, že poskytovatel dat má povinnosti stanovené zákonem č.106/1999 Sb., o svobodném přístupu k informacím, ve znění pozdějších předpisů.
- 4.5 Nedílnou součástí tohoto dodatku č. 4 jsou nové přílohy Smlouvy:

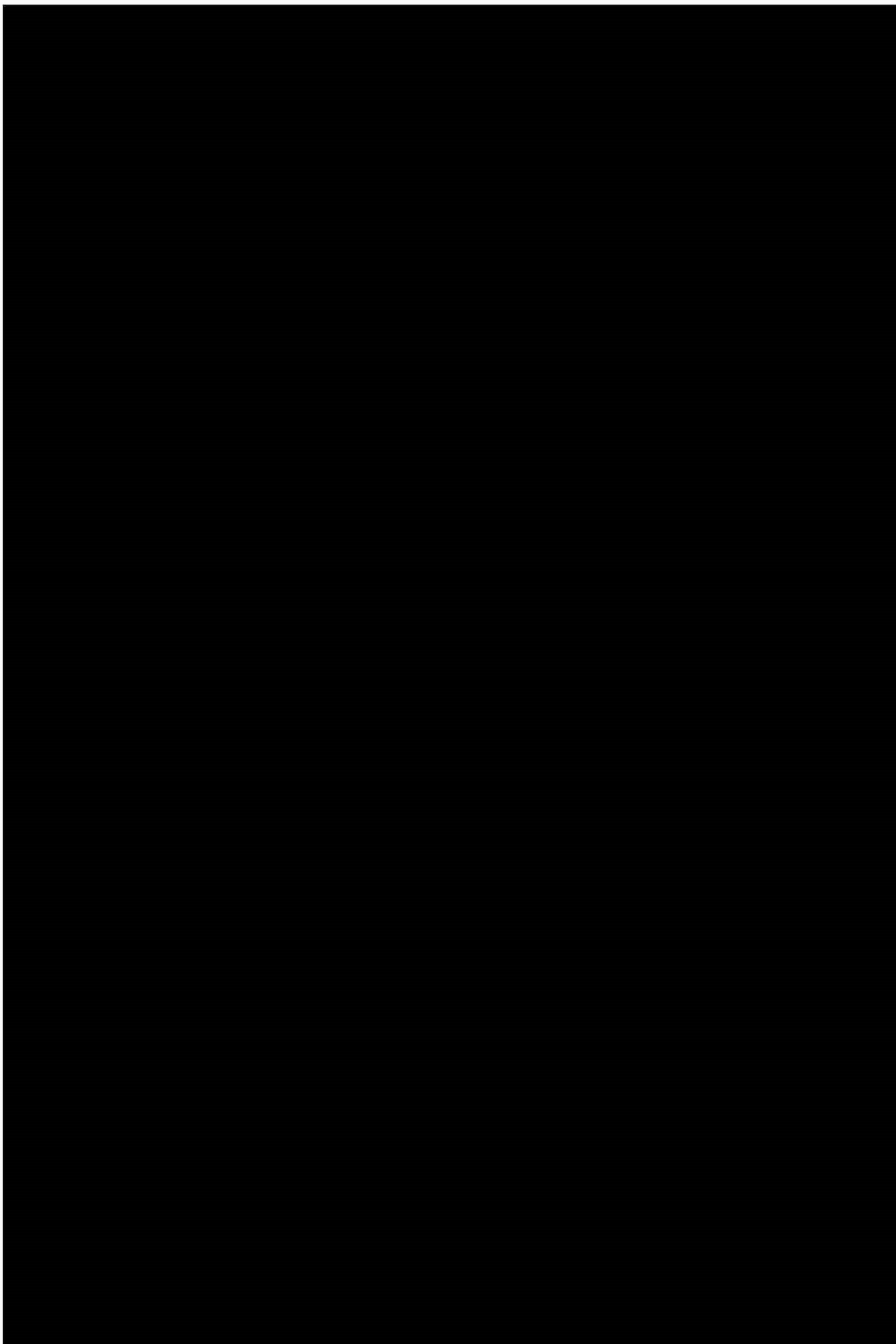


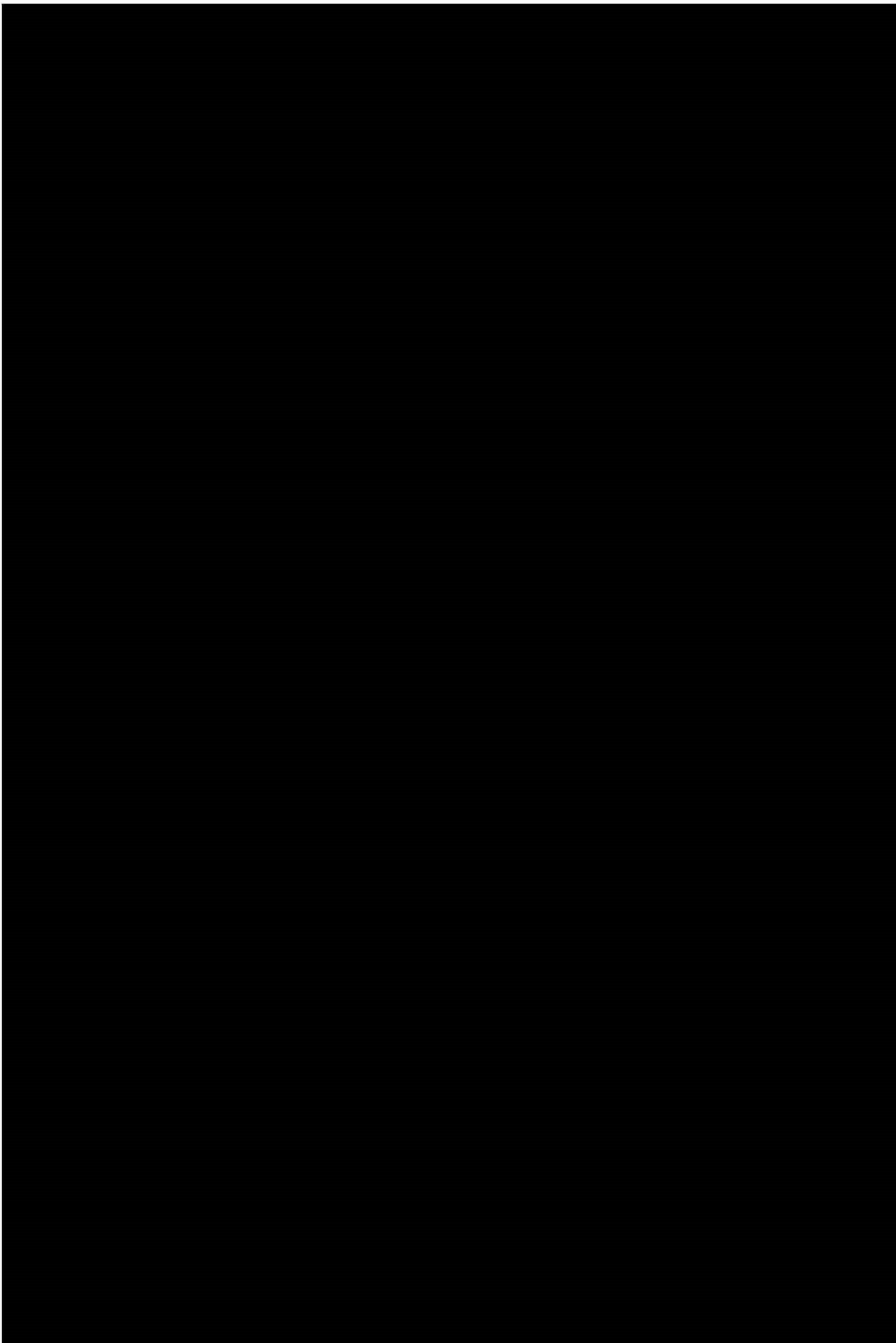


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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (1990–1999) and the number of people in the private sector has increased by 1.7 million (1990–1999).

There is a growing emphasis on the need to improve the quality of care and services provided by the public sector. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, the introduction of the NHS Direct website, and the introduction of the NHS Choice and Control Programme. These initiatives are aimed at improving the quality of care and services provided by the public sector, and at giving patients more choice and control over their care.

The Health Care Act 1999 is a landmark piece of legislation that has a number of key provisions. These include the introduction of the NHS Direct website, the introduction of the NHS Choice and Control Programme, and the introduction of the NHS Patient Choice Scheme. These provisions are aimed at improving the quality of care and services provided by the public sector, and at giving patients more choice and control over their care.

The NHS Direct website is a free-of-charge service that provides information and advice on a wide range of health issues. It is available 24 hours a day, 7 days a week, and can be accessed from anywhere in the UK. The website is a valuable resource for patients and the public, and it has helped to improve the quality of care and services provided by the public sector.

The NHS Choice and Control Programme is a programme that gives patients more choice and control over their care. It allows patients to choose the hospital or clinic where they want to receive their care, and it allows patients to choose the time when they want to receive their care. This programme is a key part of the Health Care Act 1999, and it has helped to improve the quality of care and services provided by the public sector.

The NHS Patient Choice Scheme is a scheme that allows patients to choose the hospital or clinic where they want to receive their care. It is a key part of the NHS Choice and Control Programme, and it has helped to improve the quality of care and services provided by the public sector. The scheme allows patients to choose the hospital or clinic where they want to receive their care, and it allows patients to choose the time when they want to receive their care.

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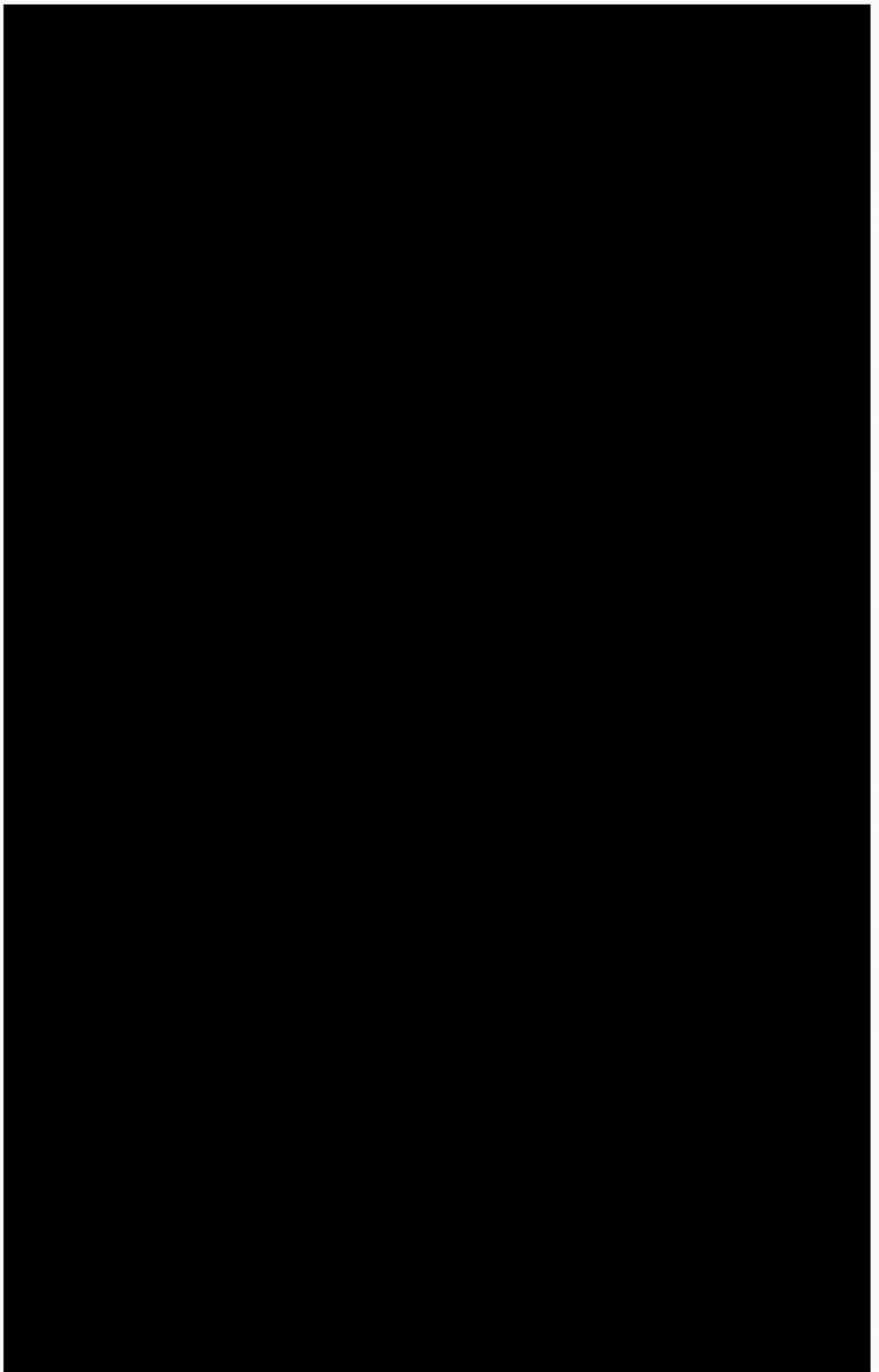
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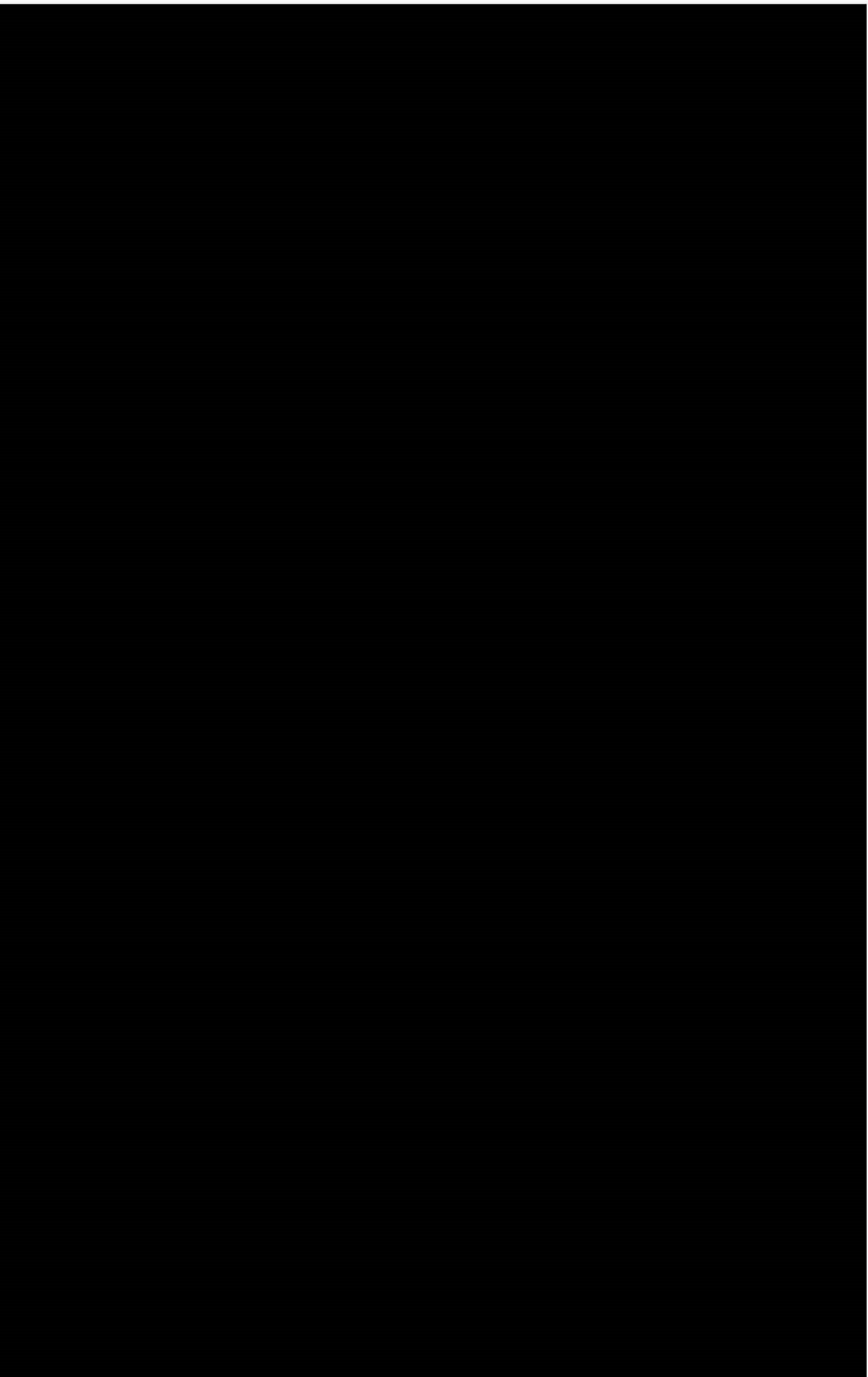


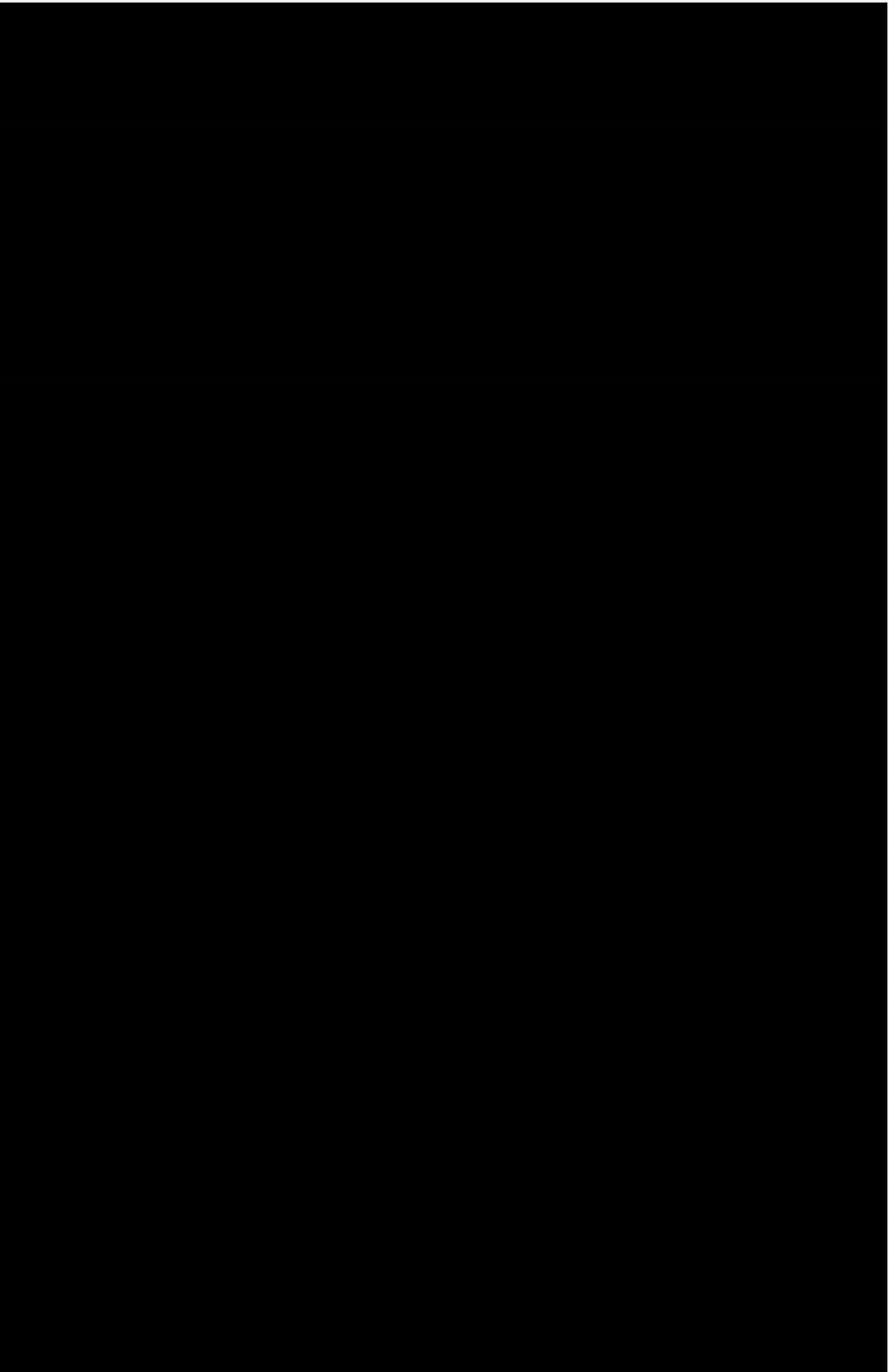
The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The second part of the paper describes the methodology used in the study, including the data collection and analysis techniques. The third part of the paper presents the results of the study, and the fourth part discusses the conclusions and implications of the findings.

The study was conducted using a quantitative research design. Data was collected from a sample of 100 participants using a survey questionnaire. The data was then analyzed using statistical software to identify patterns and trends. The results of the study show that there is a significant relationship between the variables being studied.

The findings of the study have several implications for practice and policy. First, the results suggest that there is a need for further research in this area. Second, the findings indicate that certain interventions may be effective in addressing the issues identified in the study. Finally, the results suggest that there are opportunities for future research to explore the underlying mechanisms of the observed relationships.

In conclusion, the study has provided valuable insights into the topic being investigated. The findings suggest that there is a need for further research and that certain interventions may be effective in addressing the issues identified. The results also suggest that there are opportunities for future research to explore the underlying mechanisms of the observed relationships.





the 1990s, the number of people in the United States who are obese has increased by 100% (Flegal et al. 2002). In the United Kingdom, the prevalence of obesity has increased from 10% in 1980 to 16% in 1997 (Health Survey for England 1997). In the United States, the prevalence of obesity has increased from 15% in 1980 to 23% in 1994 (Flegal et al. 2002).

Obesity is a complex condition, with many causes and consequences. It is a leading cause of death and disability in the United States, and a major public health problem in many other countries. Obesity is associated with a number of health problems, including heart disease, diabetes, and high blood pressure. It is also associated with a number of social problems, including discrimination and low self-esteem.

There are many causes of obesity, including genetics, diet, and lack of exercise. Obesity is often caused by a combination of these factors. For example, a person who is genetically predisposed to obesity may be more likely to gain weight if they eat a high-calorie diet and do not exercise.

Obesity is a complex condition, and it is important to understand the causes and consequences of obesity in order to develop effective treatments. This paper will review the current state of knowledge about obesity, and discuss some of the challenges of treating obesity.

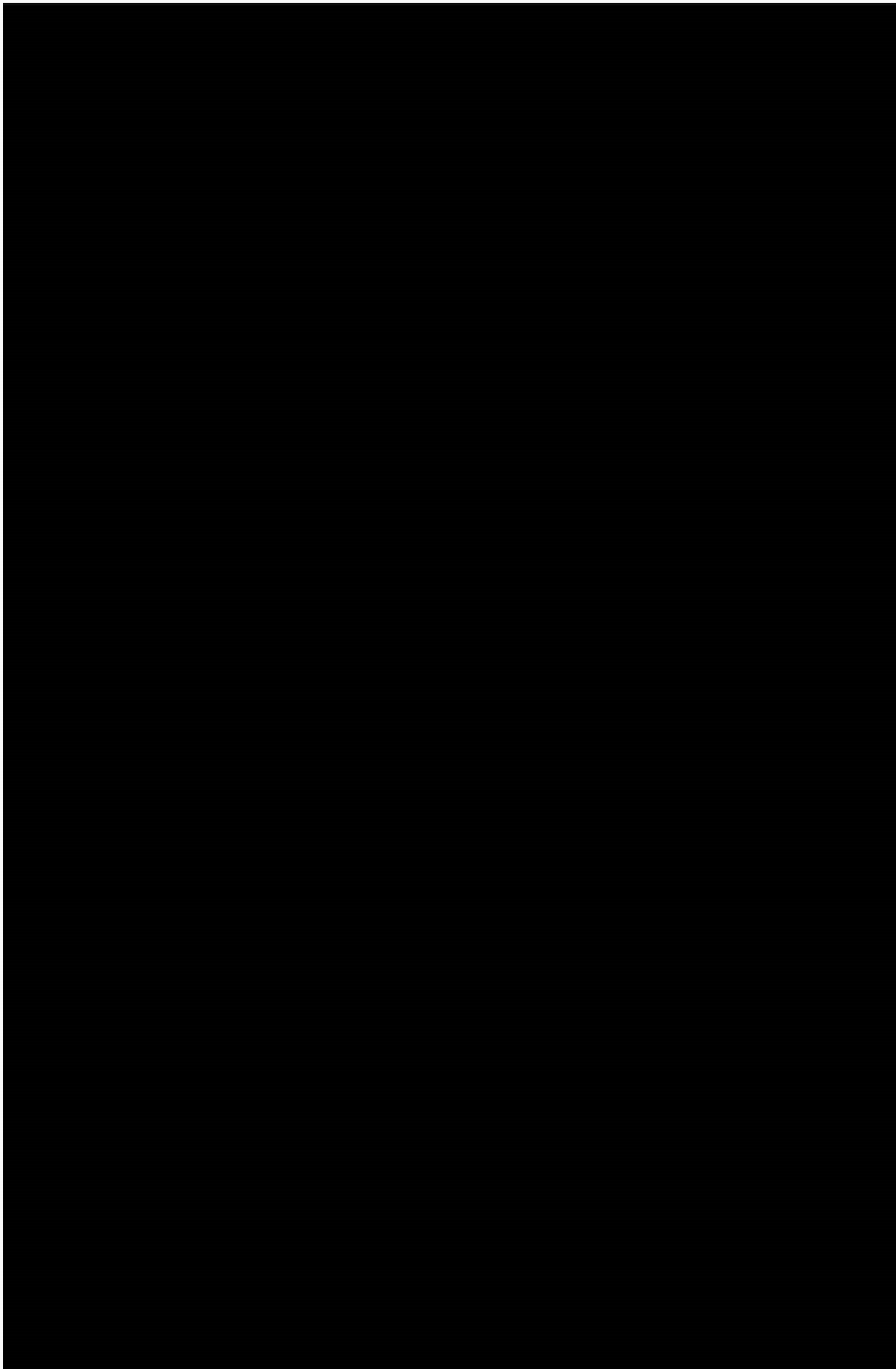
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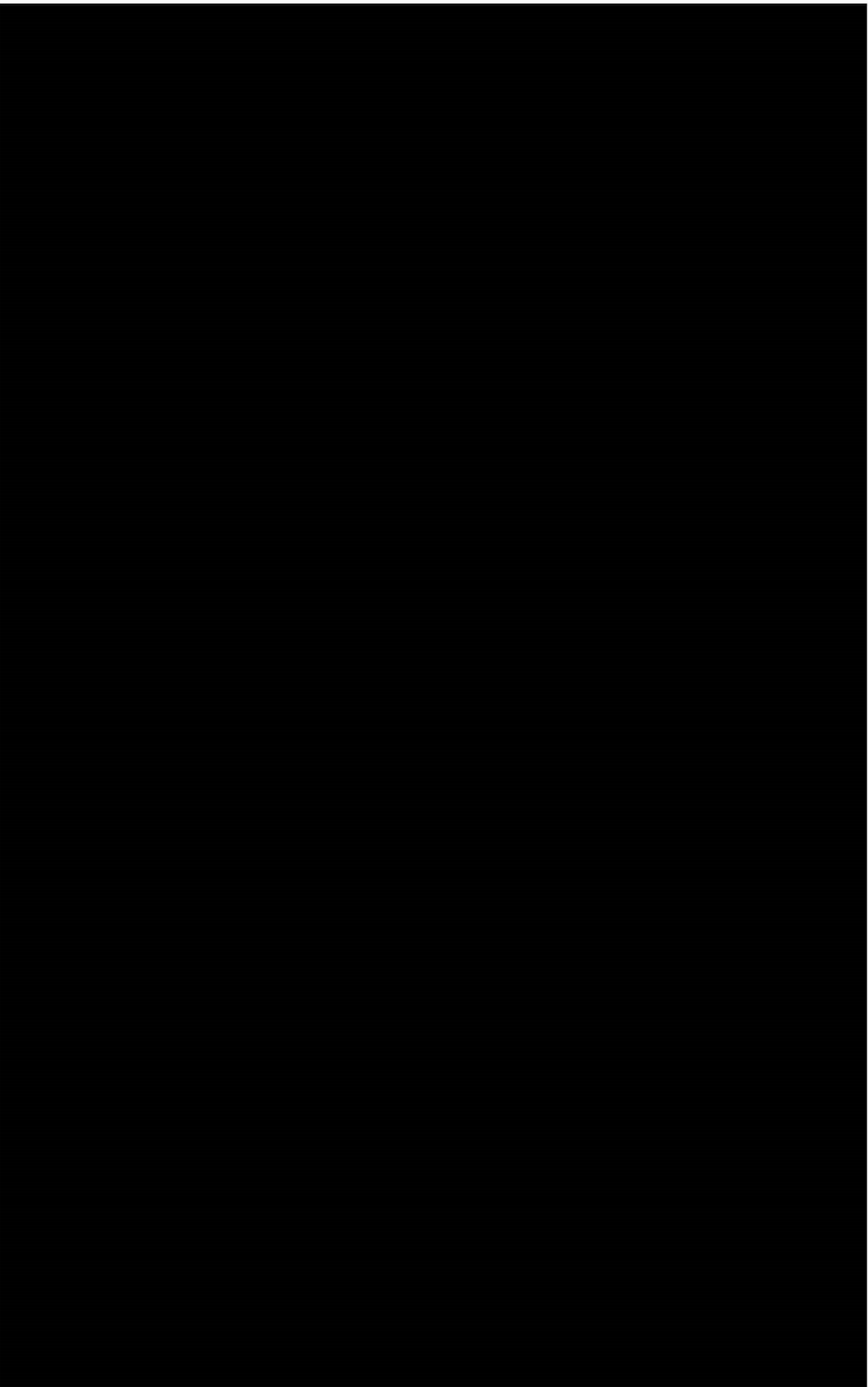
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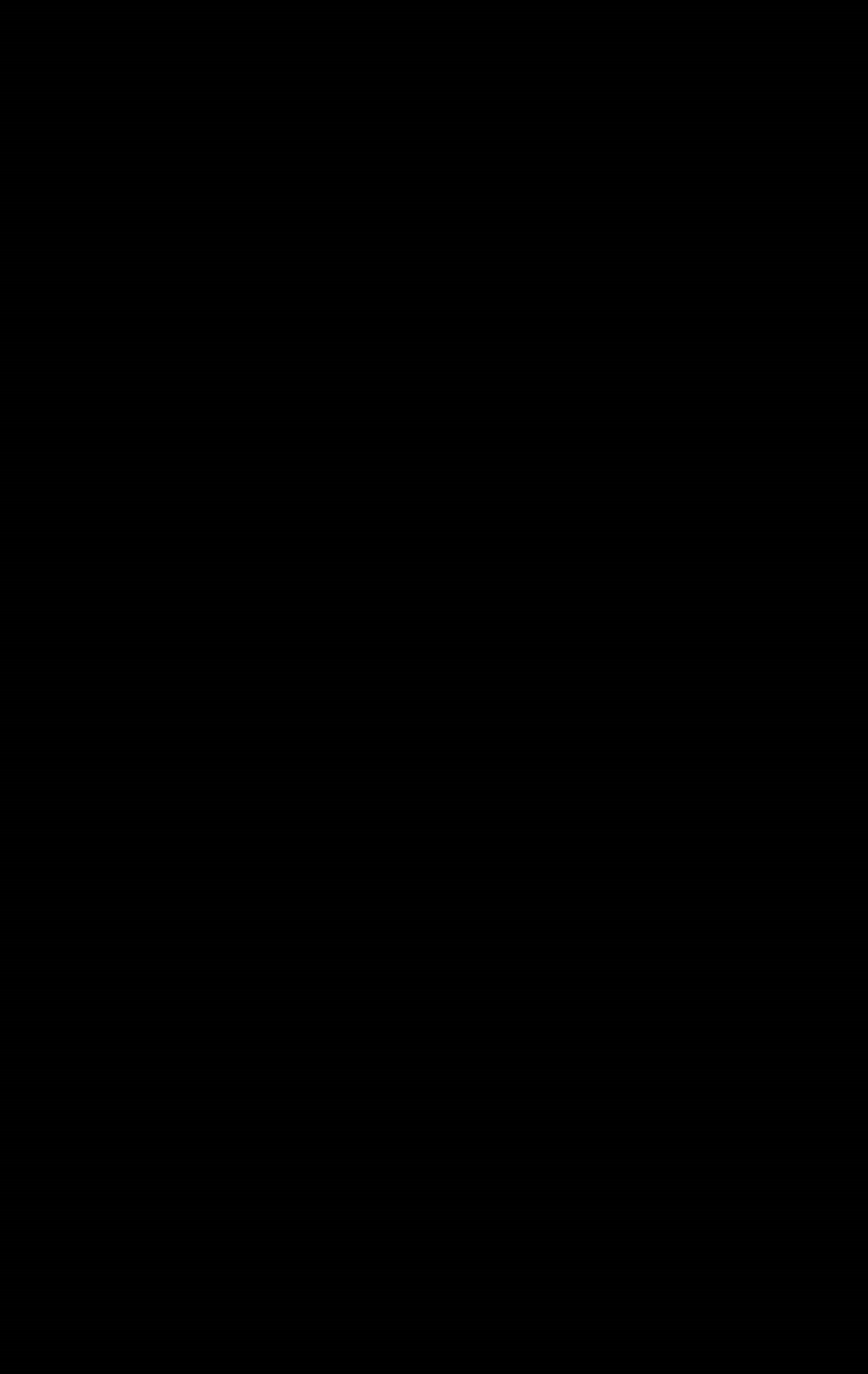
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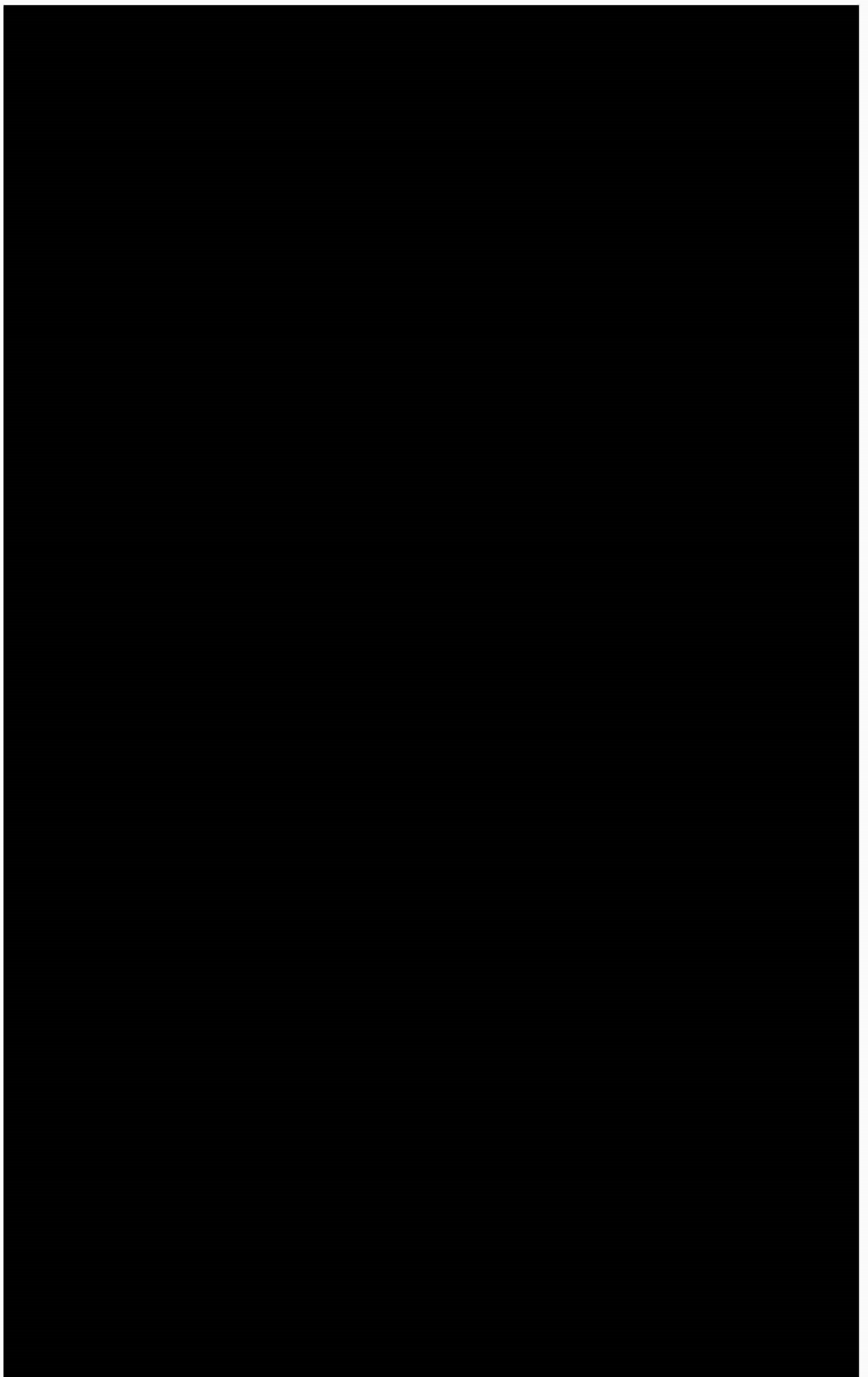
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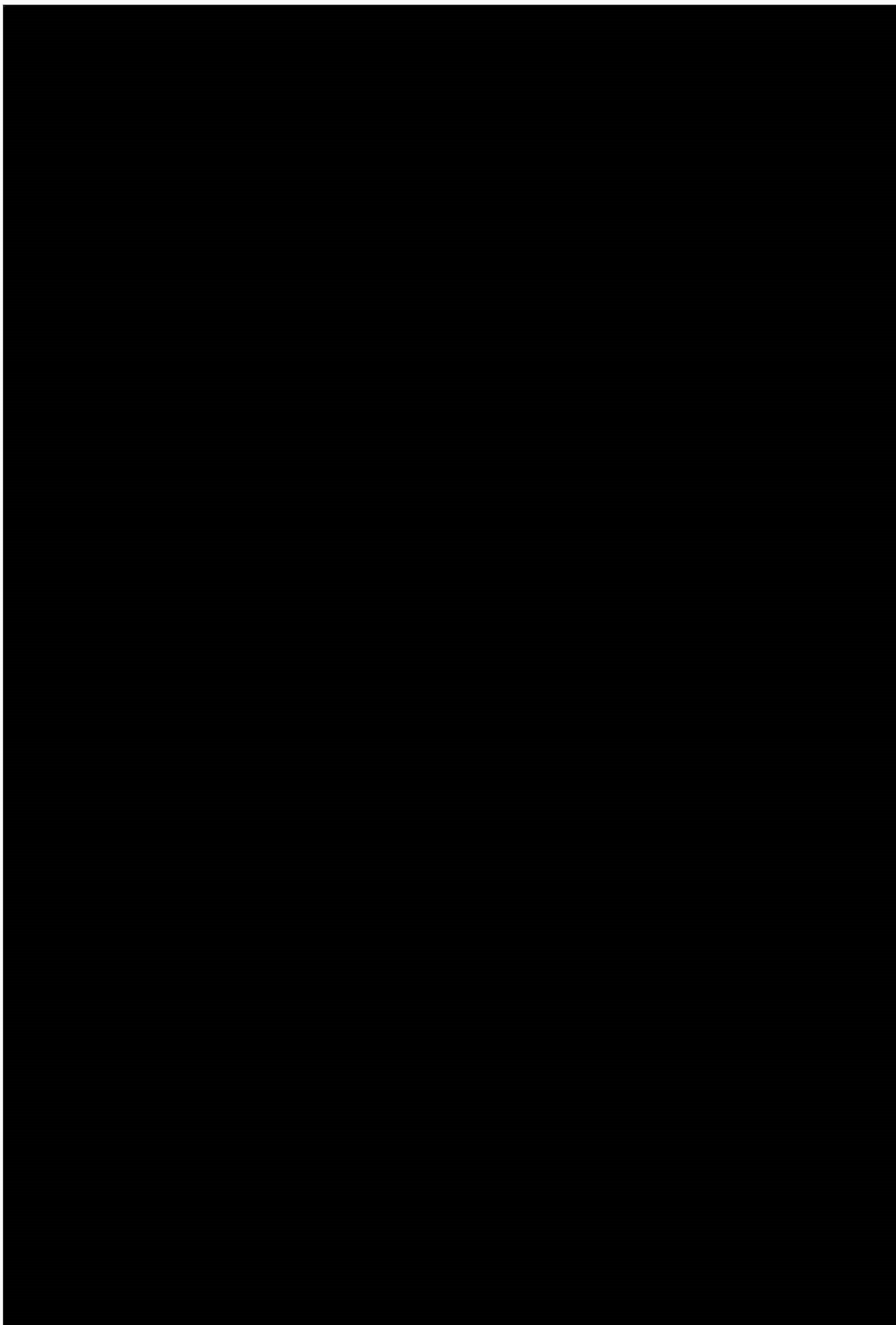


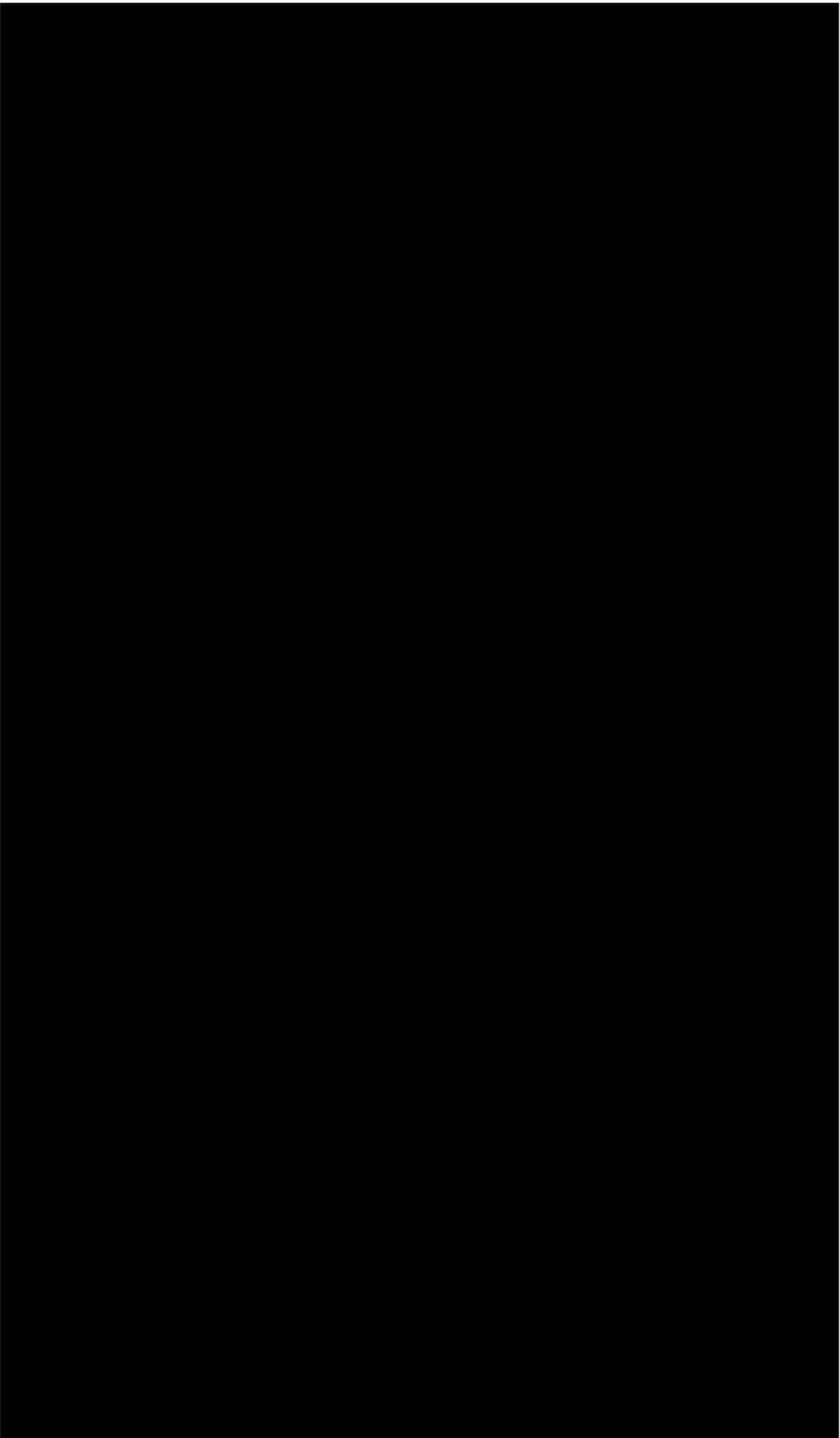






The first part of the paper discusses the importance of understanding the cultural context of the research. It highlights the need for researchers to be sensitive to the values and beliefs of the communities they are studying. This is particularly important in the field of education, where cultural differences can significantly impact learning outcomes. The paper then moves on to discuss the challenges of conducting research in culturally diverse settings. It notes that researchers often face difficulties in establishing rapport with participants and in interpreting their responses. To address these challenges, the paper suggests several strategies, including the use of local researchers and the development of culturally appropriate research instruments. The final part of the paper discusses the importance of ethical considerations in cross-cultural research. It emphasizes the need for researchers to obtain informed consent from participants and to ensure that their research does not cause harm to the communities they are studying.





[The following text is a dense, handwritten manuscript, likely a letter or a page from a book. It is written in a cursive script and is mostly illegible due to the quality of the scan. The text appears to be a continuous paragraph or a series of connected sentences. The handwriting is somewhat slanted and the ink is dark. There are some words that are more legible than others, but the overall content cannot be accurately transcribed.]

