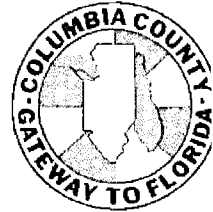


TAX ID/PARCEL #: _____ Recording Stamp



29 -3S -16 -02382 -006

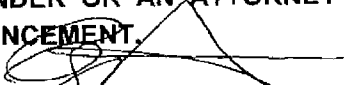
NOTICE OF COMMENCEMENT

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. **Description of property (legal description):** Please see attachment "A"
 a. Street (job) Address: 6037 US-90, Lake City, FL 32055
2. **General description of improvements:** Replace Split AC System #1, #2, #6, and #14.
3. **Owner Information or Lessee information if the Lessee contracted for the improvements**
 a. Name and Address: NORTH CENTRAL FLORIDA HOSPICE INC - 4200 NW 90TH BLVD GAINESVILLE, FL 32605
 b. Name and Address of fee simple titleholder (if other than owner): _____
 c. Interest in property: Owner
4. **Contractor Information**
 a. Name and Address: TWC Services, Inc. (James Grady) - 2559 NE 18th Ter Suite 20, Gainesville, FL 32609
 b. Telephone #: 407-583-4618
5. **Surety Information (if applicable, a copy of the payment bond is attached)**
 a. Name and Address: _____
 b. Amount of Bond: _____
 c. Telephone #: _____
6. **Lender**
 a. Name and Address: _____
 b. Telephone #: _____
7. **Person within the State of Florida designated by Owner upon whom notices, or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes**
 a. Name and Address: _____
 b. Telephone #: _____
8. **In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes**
 a. Name: _____
 b. Telephone #: _____
9. **Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):** _____


WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

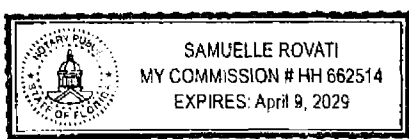
STATE OF FLORIDA
COLUMBIA COUNTY


Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Steven Ziegler, President CEO & CLO
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of physical presence or sworn to (or affirmed) by online notarization 20 day of February, 2026, by Steven Mark Ziegler as CEO for Santa Fe Healthcare/SCFH, Inc.

Personally Known OR Produced Identification Type of ID Produced Florida Drivers License


SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA
Samuelle Rovati
PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC



Published 10/2025

Attachment "A"

COMM AT SE COR OF SEC, W ALONG S LINE SEC, 1367.87
FT TO W LINE OF E1/2 OF SE1/4, N 873.98 FT TO N R/W LINE
US HWY 90 & PT ON A CURVE, E'RLY ALONG CURVE 5.72 FT,
CONT E 97.53 FT FOR POB, CONT E 84.92 FT, N 04 DG W 26.93
FT E 239.26 FT, N 785.55 FT, W 435.72 FT, S 08 DG E 836.12 FT
TO POB EX .04 AC FOR ADDT'L RD R/W FOR DOT DESC IN WD 1
358-1599. 1058-2795