

NOTICE OF COMMENCEMENT

Clerk's Office Stamp
Ins: 201312011484 Date 7/29/2013 Time 1 32 PM
DC P DeWitt Cason Columbia County Page 1 of 1 B 1258 P 2362

Tax Parcel Identification Number:

33-35-16-02460-007

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)
a) Street (job) Address: 4812 W US Hwy 90
2 General description of Improvements Emory Medical Facility
3 Owner Information
a) Name and address. Emory Medical Corp
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property
4 Contractor Information
a) Name and address. Adam Papka 341 Ring Ct. Lake City FL
b) Telephone No 386-752-4202 Fax No (Opt.)
5 Surety Information
a) Name and address. N/A
b) Amount of Bond
c) Telephone No. Fax No (Opt.)
6 Lender
a) Name and address. N/A
b) Phone No
7 Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served
a) Name and address N/A
b) Telephone No Fax No (Opt)
8 In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713 13(l)(b), Florida Statutes
a) Name and address N/A
b) Telephone No Fax No (Opt)
9 Expiration date of Notice of Commencement (the expiration date is one 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 JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
CHANDLER MOLHAN
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 29th day of July, 2013, by Chandler Molhan as Officer (type of authority, e.g. officer, trustee, attorney fact) for Emory Medical Corp (name of party on behalf of whom instrument was executed).

Personally Known OR Produced Identification Type

Notary Signature Notary Stamp or Seal

ANDREW W TYLER
MY COMMISSION # DD941842
EXPIRES November 19, 2013
(407) 398-0153 FloridaNotaryService.com

11 Verification pursuant to Section 92 525, Florida Statutes Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief

Signature of Natural Person Signing (in line #10 above)