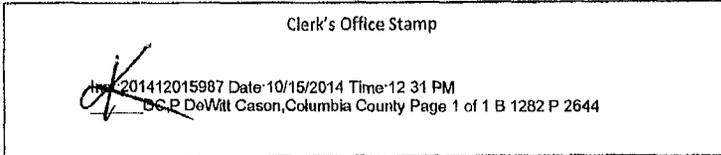


NOTICE OF COMMENCEMENT



Tax Parcel Identification Number

33-35-16-02433-053

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) THE ORTHOPAEDIC INSTITUTE
a) Street (job) Address 146 ORTHOPAEDIC COURT LAKE CITY 32041
2 General description of improvements REMODEL IN TENDON

3 Owner Information
a) Name and address TOC REAL ESTATE INVESTORS
b) Name and address of fee simple titleholder (if other than owner) TONY ANDERSON 4500 NEWBERRY RD
c) Interest in property GAINESVILLE FL 32607

4 Contractor Information
a) Name and address S.M. HOLWAY CONST. CO., INC 5660 SW 98TH CT GAINESVILLE
b) Telephone No 352 377 9876 Fax No (Opt.) 352 335 8789

5 Surety Information
a) Name and address NA
b) Amount of Bond _____
c) Telephone No _____ Fax No (Opt.) _____

6 Lender
a) Name and address NA
b) Phone No _____

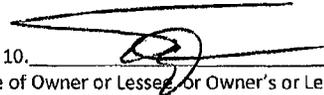
7 Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served
a) Name and address NA
b) Telephone No _____ Fax No. (Opt) _____

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(1)(b) Florida Statutes
a) Name and address _____
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

10. 
Signature of Owner or Lessee or Owner's or Lessee's Authorized Office/Director/Partner/Manager
TONY ANDERSON, CFO
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 23 day of Sept, 2014, by:
Tony Anderson as _____ (type of authority, e.g. officer, trustee, attorney fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known OR Produced Identification _____ Type _____

Notary Signature Cheryl Ann Carver Notary Stamp or

