

NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number:

20-35-17-05405-001

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): 20-35-17 | ALL BLOCKS 1 & D OF S C ALBRITTON'S REPLAT-SPRINGFIELD S/D & ALL OF SECOND AVE L
a) Street (job) Address: 173 NW Albritton Ln, Lake City, FL 32065
2. General description of improvements: Construction of new addition, and renovation of existing buildings. Demo, concrete, framing, roofing, MEP, casework, doors/windows, painting, data, elec. security
3. Owner Information or Lessee Information if the Lessee contracted for the improvements:
a) Name and address: Trenton Medical Center Inc 23343 NW CR 236 High Springs FL 32643
b) Name and address of fee simple titleholder (if other than owner): _____
c) Interest in property: _____
4. Contractor Information
a) Name and address: Oelrich Construction, Inc., 275 NW 137th Drive, Suite A, Jonassville, FL 32869
b) Telephone No.: (352) 745-7877
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____
6. Lender
a) Name and address: N/A
b) Phone No.: _____
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: Jim Miller 23343 NW CR 236 High Springs FL 32643
b) Telephone No.: 386-454-0698
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: Jim Miller OF Palms Medical Group / Trenton Medical Center Inc
b) Telephone No.: 386-454-0698
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 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. Anita H. Rembert
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Anita H. Rembert CEO
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, a Florida Notary, this 19th day of May, 2022, by: Anita H. Rembert as CEO
Trenton Medical Center, Inc., (Name of Person)
for dba Palms Medical Group who is personally known ☒ OR produced identification ☐
(name of party on behalf of whom instrument was executed)

Type ID

Notary Signature Heather K. Walker (Notary Stamp or Seal)

