



A PETITION FOR VOLUNTARY ANNEXATION

TO: THE HONORABLE MAYOR AND MEMBERS OF THE CITY COMMISSION OF THE CITY OF GAINESVILLE, FLORIDA

**FROM: Brian T. Cook, President and CEO of North Florida Regional Medical Center, Inc.
(Petitioner)**

TAX PARCEL: 06350-048-000

DATE: 4/16/2018

I, Brian T. Cook, as

President and CEO (title) of the North Florida Regional Medical Center, Inc.

submit this petition to the City Commission of the City of Gainesville, Alachua County, Florida, and request annexation to the City of Gainesville, of all the property described below and incorporate this property within the territorial limits of the City of Gainesville, pursuant to the Municipal Annexation or Contraction Act (Chapter 171, Florida Statutes).

The undersigned officer(s) certifies that he/she is/are the lawful owner(s) of the property and is/are authorized to bind the corporation and execute this petition on behalf of the corporation as the owner(s) of the following described property, which is situated in Alachua County, Florida.

By submitting this petition, the undersigned officer(s) hereby consent to a fire services special assessment which may be imposed by the City of Gainesville on property located within its boundaries.

(See Exhibit A for description attached hereto and made a part hereof as if set forth in full)



The property described above which is requested to be annexed is contiguous with the corporate limits of the City of Gainesville and is reasonably compact. It is generally located in the vicinity of:

south of 830 NW 61st Terrace,

west of NW 61st Terrace,

north of W. Newberry Road,

and east of North Florida Regional Medical Center.

The undersigned officer (s) expresses the corporation's consent to the adoption of Ordinances of the City of Gainesville, voluntarily annexing and incorporating the property described above into the City of Gainesville, Alachua County, Florida, pursuant to the Municipal Annexation or Contraction Act (Chapter 171, Florida Statutes).

SIGNATURE

NAME: _____

TITLE: _____

ADDRESS: _____
