

AUTHORIZATION TO ACT AS AGENT

Date: May 6, 2024

RE: Florida Coast Surgical Hospital and Medical Office Building – Variance Application

I, Sharilee Smith, as owner/agent, do hereby authorize Rebecca Miller to act as its agent relative to the above referenced project.

Sharilee Smith
Signature

Director
Title

5/6/2024
Date

Sharilee Smith
Print Name

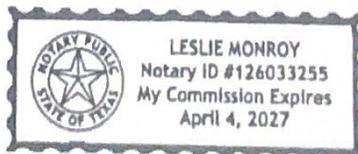
TEXAS
STATE OF FLORIDA
COUNTY OF ST. LUCIE DALLAS

The foregoing instrument was acknowledged before me **by means of** **physical presence** or **online notarization**, this 6 day of May, 2024 (year), by Sharilee Smith (name of person acknowledging), who is personally known to me or has produced _____ (type of identification) as identification.

Additionally, the notarial certificate for an affidavit to be recorded should read substantially as follows:

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me **by means of** **physical presence** or **online notarization**, this 6 day of May, 2024 (year), by Sharilee Smith (name of person making statement), who is personally known to me or has produced _____ (type of identification) as identification.

Seal:



Revised 08/17/20

Leslie Monroy
Signature