

Miami, Florida, May 21st 1991

ORIGINAL
FILE COPY

Director of Records and Reporting,
Florida Public Service Commission,
101 East Gaines Street,
Tallahassee, Florida 32399-0850

910210-Tc

Gentlemen:

Enclosed copy of "Pay Telephone Service Provider Regulatory Assessment Fee Return" for the period Jul. 1 to Dec. 31, 1990.

We would like to take this opportunity to request the cancellation of our certificate since we have ceased to operate this service since Nov. 01, 1990.

Please take note of this request. We thank you in advance for your attention to this letter.

Respectfully

COMMUNITY HEALTH RELATED SERVICES INC.

CARLOS C. VICARIA, M.D.
PRESIDENT

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU 1 _____
- CTR _____
- EAG _____
- LEG 1 _____
- LIN _____
- OPC _____
- F _____
- S 1 _____
- W S _____
- OTH _____

MAIL ROOM

1991 MAY 24 AM 10:49

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

DOCUMENT NUMBER-DATE

05262 MAY 24 1991

PSC-RECORDS/REPORTING

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(Instructions For Filing On Back of Form)

STATUS:
 Actual Return
 Estimated Return

PERIOD COVERED:
 July 1 TO Dec 31

TD579
 COMMUNITY HEALTH RELATED SERVICE
 3500 N.W. 17TH AVENUE
 MIAMI, FL 33142-5540

FOR PSC USE ONLY
 \$ _____ 0603002
 003001
 \$ _____ P
 0603002
 004010
 \$ _____ I W II

Complete Below If Address Has Changed

Utility Name _____ Address _____ City / State _____ Zip Code _____

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 393.00
2.	Gross Intrastate Revenue	\$ 393.00
3.	LESS: Amounts Paid For Services To Other Telephone Companies From 10-01-90 thru 12-31-90 (Attach Listing)*	\$ (0)
4.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	\$ 393.00
5.	Regulatory Assessment Fee Due (1/8 of 1% of Line 4)	\$ 0.49
6.	LESS: APPROVED Prior-Period Overpayment	\$ (0)
7.	NET REGULATORY ASSESSMENT FEE DUE	\$ 0.49
8.	Penalty for Late Payment	\$ 0.
9.	Interest for Late Payment	\$ 0.
10.	TOTAL AMOUNT DUE (Regardless of the amount of revenues collected, the MINIMUM AMOUNT DUE is \$25.00 * Pay on 07/19/90 ck No 5397)	\$ 0

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner / officer of the above-named utility, have read the foregoing. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the above is a true and correct statement of gross revenues derived from intrastate business for the period indicated.

Utility Official: Carlos C. Vicaria (Signature) 04/23/91 (Date) PRESIDENT (Title)
CARLOS C. VICARIA MD (Name - Please Print) Telephone Number (305) 889-0958
 F.E.I. No. 59-2190058

1 # 1110
Zip Code

AMOUNT

393.00

393.00

(0)

393.00

0.49

(0)

182 3 0.49

0.

0.

0

any providing local