

# ORIGINAL

RECEIVED FPSC

NOV 19 AM 10:50

COMMISSION  
CLERK

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **030833**

St. Vincent's Medical Center, Inc.  
 Jon P. DeBardleben  
 1801 Barrs Street, Suite 615  
 Jacksonville FL 32204

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

11-19-03

C. Signature  Agent  
 X *Junda Parkinson*  Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7002 0860 0001 1758 6993

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

AUS \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 OPC \_\_\_\_\_  
 MMS \_\_\_\_\_  
 SEC   1    
 OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

11625 NOV 19 03

FPSC-COMMISSION CLERK