

160155-TX

FILED JUN 21, 2016
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FPSC - COMMISSION CLERK

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 2/1/2016

Local Telephone Service Provider Regulatory Assessment Fee Return

TOTAL OF CHECK \$1,380.00

RECEIVED-FPSC

Florida Public Service Commission

STATUS: 2016 JUN 21 AM 11:54
Actual Return
Estimated Return
Amended Return

(See Filing Instructions on Back of Form)

TX078-16-T-0-R
Shands Teaching Hospital and Clinics, Inc.
1600 S.W. Archer Road
Box 100152
Gainesville, FL 32610-0152
DATE DEPOSIT JUN 21 2016 6 6 3
see TX078-16

FOR PSC USE ONLY
Check # 0000460137
\$ 600.00 06-03-001 003001
\$ _____ E
\$ _____ P 06-03-001 004011
\$ _____ I
Postmark Date 6-17-16
Initials of Preparer RR

PERIOD COVERED:
1/1/2016 TO 12/31/2016

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ 0	\$ 0
2.	Network Access Revenues		
3.	Long Distance Network Services Revenues		
4.	Miscellaneous Revenues		
5.	TOTAL REVENUES	\$ _____	\$ _____
6.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾		
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ 56.00.00
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾		\$ 600.00
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Extension Payment Fee (see "4. Extension " on back)		
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)		\$ 600.00

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Larry Bentow
(Signature of Company Official)
Larry Bentow
(Preparer of Form - Please Print Name)

Director of Telecommunications
(Title)
6/14/16
(Date)
Telephone Number 352-258-8273 Fax Number ()

F.E.I. No. _____

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 2/1/2016
Local Telephone Service Provider Regulatory Assessment Fee Return

Total of CK \$ 1380.00

Florida Public Service Commission

STATUS:
 Actual Return
 Estimated Return
 Amended Return

(See Filing Instructions on Back of Form)

TX078-15-T-0-R
 Shands Teaching Hospital and Clinics, Inc.
 1600 S.W. Archer Road
 Box 100152
 Gainesville, FL 32610-0152
 See TX078-16
VENDOR

FOR PSC USE ONLY
 Check # 0000960157
 600.00
 \$ _____ 06-03-001
 \$ _____ 003001
 \$ 150.00 E
 \$ 30.00 F 06-03-001
 \$ _____ I 04011
 Postmark Date 6-17-16
 Initials of Preparer RR

PERIOD COVERED:
 1/1/2015 DATE DEPOSIT
 JUN 21 2016 6 6 3

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ 0	\$ 0
2.	Network Access Revenues	0	0
3.	Long Distance Network Services Revenues	0	0
4.	Miscellaneous Revenues	0	0
5.	TOTAL REVENUES	\$ 0	\$ 0
6.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾		
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ 600.00
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾		\$ 150.00
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		30.00
11.	Extension Payment Fee (see "4. Extension" on back)		
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)		\$ 780.00

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Larry Denton
 (Signature of Company Official)

Director of Telecommunications
 (Title) 6/14/16
 (Date)

LARRY DENTON
 (Preparer of Form - Please Print Name)

Telephone Number 352-258-8273 Fax Number ()

F.E.I. No. _____



UF Health Shands
Financial Services Division
P.O. Box 100336
Gainesville, FL 32610-0336

First Class Mail
ComBasPrice



U.S. POSTAGE >>> PITNEY BOWES



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0001391500 JUN 17 2016

Patient Care • Research • Education

3239930876 C001



Raquel Revells

Subject: FW: Cancellation Request with 2015 and 2016 RAF returns and fees coming...FYI---Shands Teaching Hospital and Clinics, Inc. (TX078) Certificate No. 4848

Attachments: 005.jpg

From: Toni Earnhart
Sent: Tuesday, June 14, 2016 3:52 PM
To: Greg Fogleman; Raquel Revells; Valorie Moore
Subject: Cancellation Request with 2015 and 2016 RAF returns and fees coming...FYI---Shands Teaching Hospital and Clinics, Inc. (TX078) Certificate No. 4848

Keep an eye out for Shands to send in a voluntary cancellation request and RAF payments for 2015 and 2016.

I asked them to make sure the filing was postmarked by Friday, June 17th and to send it to the Commission Clerk's office so the cancellation docket can be opened upon receipt.

This way, the docket will also have the RAF details in it and be expedited.

Valorie/Raquel, can you let me know when the RAF check hits the system for 2015. I told Shands staff I would let them know we got the check and posted it and what their docket number for the cancellation will be.

This is the certificated telecom company that didn't get a RAF delinquency letter timely because Compliance Solutions (Mark Lammerts' Group) self-created RAF returns again this year and typed TX078 versus TY078 causing the payment to be posted to the wrong utility. I also saw in my research where his group paid RAF for Shands in 2014 too, but that is his loss. I suspect he doesn't even realize it.

FYI...

***Toni Joy Earnhart, Public Utility Analyst
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399
Phone 850-413-6532
Fax 850-413-6533***

From: Shore, Angela G. [<mailto:shorea@shands.ufl.edu>]
Sent: Tuesday, June 14, 2016 1:43 PM
To: Toni Earnhart
Cc: Benton, Larry E.
Subject: RE: 2015 RAF Return PDF

Toni, also can you accept the cancellation letter attached or does it have to be sent certified?

From: Benton, Larry E.
Sent: Tuesday, June 14, 2016 1:38 PM
To: Toni Earnhart
Cc: Shore, Angela G.
Subject: RE: 2015 RAF Return PDF

Toni there is no way I can get a check before Friday. We are on the same fiscal year as the state and are closing our month and year.

From: Toni Earnhart [<mailto:TEarnhar@PSC.STATE.FL.US>]
Sent: Tuesday, June 14, 2016 10:05 AM
To: Benton, Larry E.
Subject: 2015 RAF Return PDF

*Toni Joy Earnhart, Public Utility Analyst
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399
Phone 850-413-6532
Fax 850-413-6533*