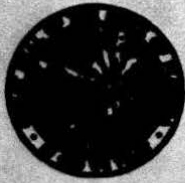


State of Florida



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: June 24, 1991
TO: Steve Tribble, Director, Records & Reporting
FROM: T. Williams, Communications
RE: Open Docket

910710-TS

Please open a docket to cancel Certificate No. 2032 (six lines or less), belonging to E. Joan Barice, MD., P.A., 3370 Burns Road, Suite 200, Palm Beach Gardens, FL 33410-4327.

Request from certificate holder is attached.

DOCUMENT NUMBER-DATE
06359 JUN 25 1991
PSC-RECORDS/REPORTING

E. JOAN BARICE, MD., P.A.
3370 BURNS ROAD, SUITE 200
PALM BEACH GARDENS, FLORIDA 33410

June 18, 1991

Mr. Thomas E. Williams
Bureau of Service Evaluation
101 E. Gaines Street
Tallahassee, Florida 32399

RECEIVED

JUN 24 1991

Dear Mr. Thomas:

DIVISION OF COMMUNICATIONS

Pursuant to your telephone conversation this morning, with my bookkeeper, the following is the information you requested.

- 1) I am no longer involved in shared tenant services.
- 2) I did not collect any advance payments or any advance deposits.

Please discontinue my Certificate # 2032.

Cordially yours,


E. JOAN BARICE

EJB/pf

Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(Instructions For Filing On Back of Form)

Don Barice, MD., P.A.
Burns Road, Suite 200
Beach Gardens, FL 33410-4327

FOR PSC USE ONLY

\$ _____ 060300
00300

\$ _____ P
0603003
004010

\$ _____ I

Complete Below If Address Has Changed

Address	City / State	Zip Code
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AMOUNT CLASSIFICATION

AMOUNT

_____ \$ _____

Assessment Fee Due* (Line 1) _____ \$ _____

Prior-Period Overpayment _____ \$(_____)

ASSESSMENT FEE DUE

_____ \$ _____

FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50.00 *
 RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED
 A credit assessment fee is granted to the Commission
 and 364.336 Florida Statutes.

I have paid the foregoing. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the amount of gross revenues derived from interstate business for the period indicated is correct.

_____ (Date) _____ (Title)

Telephone Number () _____

F.E.I. No. _____

Dear Ms. Barice: DATE 6/26/91

RE: Docket No. 910710-TS

This will acknowledge receipt of **request for cancellation of Shared
Tenant Certificate No. 2032 by E. JOAN BARICE, MD., P.A.**

which has been filed as of this date. Appropriate staff members will be advised.

STEVE TRIBBLE, Clerk

BY: law