

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date: April 3, 1997

Docket No. 970422-75

1. Division Name/Staff Name: Communications/T. Williams
2. DPR: T. Williams
3. OCR: _____
4. Suggested Docket Title: Request for cancellation of Shared Tenant Service provider Certificate No. 3139, by SARASOTA MEMORIAL HOSPITAL (TS145).

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. Interested Persons and their representatives (if any)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

6. Check one:

- Documentation is attached.
- Documentation will be provided with the recommendation.

Sarasota Memorial
Hospital

March 25, 1997

Mr. Tom Williams
Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Re: TS145 and TS146

Dear Mr. Williams,

Currently Sarasota Memorial Hospital holds two certificates for Shared-Tenant Service Provider (TS145 and TS146). Sarasota Memorial Hospital request one of the certificates be cancelled effective January 1, 1997.

Please change the mailing address to the following:

Mr. Tom Murphy, Telecomm
Sarasota Memorial Hospital
1700 South Tamiami Trail
Sarasota, FL 34239-3555

If you have any questions, please contact me at (941) 917-7544.

Thank you for your help over the phone.


Terry Mills



1700 South Tamiami Trail
Sarasota, FL
34239-3555

941/917-9000

Celebrating
70
Years
of
Health Care