

DEPOSIT
D 6 6 5

DATE
971573-TC
DEC 02 1997
ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT SMS DO^{PA}, DBA GULF COAST
MEDICAL CENTER

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Same

3. ADDRESS OF THE APPLICANT(S)
STREET 11528 US 19
CITY PORT RICHEY
STATE & ZIP CODE FL 34668

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: ()

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: ()

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: (✓)

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office, If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME Sms DO PA dba Gulf Coast Medical Center

STATE DEPARTMENT

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ADDRESS 11528 US 19
PORT RICHLEY FL 34668

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Tina Strobbe
TITLE: Administrator
PHONE: (813) 868-2151

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.

N/A

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

- no

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

- no

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

- no

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

- no

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE w/ calling card
COIN

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

CALLING CARD
CREDIT CARD
OTHER, DESCRIBE None

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 2

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY
FULL-TIME TECHNICIAN
PART-TIME TECHNICIAN
SERVICE/REPAIR/MAINTENANCE CONTRACT
OTHER DESCRIBE

Service/repairman called if problem

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes as directed by local carrier

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

yes.

APPLICANT ACKNOWLEDGMENT CARD

Applicant Tina Strobbe, for Gulf Coast Medical Center

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature: Dina Kelle

Title: Administrator

Date: 10/16/91

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION, ALSO I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

Ima Kelle / [Signature] - owner

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 10/16/97

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of S.M.S., D.O., P.A., a corporation organized under the Laws of the State of Florida, filed on June 18, 1992, as shown by the records of this office.

The document number of this corporation is V44617.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
18th day of June, 1992.



CR2EO22 (2-91)

Jim Smith
Secretary of State

DEPOSIT

DATE

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D665

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S.M.S., D.O., P.A.
DBA GULF COAST MEDICAL CENTER
11528 U.S. 19
PORT RICHEY, FL 34668
PH. (813) 868-2151

BARNETT BANK
OF PASCO COUNTY
NEW PORT RICHEY, FL

6870

11/23/97

PAY TO THE ORDER OF Florida Public Service Commis *****100.00

One Hundred and 00/100***** DOLLARS

Florida Public Service Commis

DOCUMENT NUMBER-DATE

VOID AFTER 60 DAYS

MEMO

Application for Pay Phone

12235 DEC-25

Imi Kelle