

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/1999 TO
12/31/1999

Florida Public Service Commission

(See Filing Instructions on Back of Form)

RECEIVED
FLORIDA PUBLIC SERVICE COMMISSION

TD325 00 JAN 12 AM 8:27
Dr. Henry N. Merritt, Jr., P.A.
1160 North State Road Seven MAIL ROOM
Lauderhill, FL 33313-6630
DEPOSIT DATE
D227 JAN 13 2000

FOR PSC USE ONLY

Check# 20977

\$ 50.00 0603002
003001
\$ P 0603002
004011
\$ I
Postmark Date 1/10/00
Initials of Preparer MK

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.

ACCOUNT CLASSIFICATION

AMOUNT

1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
8.	TOTAL AMOUNT DUE	\$ 50.00

*P. 25/er
R&K*

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50.

~~THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED~~

DR. HENRY N. MERRITT, JR., P.A.
PODIATRIC PHYSICIAN & SURGEON
LAUDERHILL PODIATRY BUILDING
1160 NORTH STATE ROAD SEVEN
FORT LAUDERDALE, FLORIDA 33313

NationsBank of Florida, N.A.
Fort Lauderdale, Florida

20977

63-243
670

PAY THE SUNSHINE BANK DOLLARS

DISC.	DATE	CHECK NO.	AMOUNT
	1-10-00	20977	50.00

TO THE ORDER OF

I believe the above
is correct in writing with

1-5-00
(Date)

791-5807

Security features
included.
Details on back.

DOCUMENT NUMBER-DATE

00594 JAN 13 8

⑈020977⑈

IMPORTANT NOTICE

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

The attached regulatory assessment fee (RAF) return form and payment must be received by the Florida Public Service Commission no later than January 30, 1998. Please use the self addressed envelope enclosed when submitting your form and payment to the Commission.

FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850

COMMON QUESTIONS:

QUESTION: HOW MUCH DO I OWE THE COMMISSION AND WHEN IS PAYMENT DUE?

ANSWER: The minimum amount due is \$50 even if: 1) no revenues were collected, 2) no phones were ever installed, 3) you never went into business, 4) you sold the business or, 5) your certificate was canceled during the year. **THERE ARE NO EXCEPTIONS WHICH WOULD WAIVE YOUR PAYING THE MINIMUM \$50 PAYMENT.** To ensure that only the minimum payment is due, you will need to complete the RAF form attached. **PAYMENT MUST BE POSTMARKED BY THE U.S. POSTAL SERVICE OR RECEIVED BY THE COMMISSION NO LATER THAN JANUARY 30, 1998.**

QUESTION: IF I WANT TO CANCEL MY CERTIFICATE, WHAT DO I NEED TO DO?

ANSWER: Please indicate in writing (you can reference it on your RAF return form) that you wish to cancel your certificate. Please send your request along with your RAF payment for 1997 to the address noted above.

QUESTION: IF I HAVE ANY QUESTIONS ABOUT COMPLETING MY RAF RETURN FORM, WHO CAN I CALL?

ANSWER: You can call Michael Lake at 850-413-6271 or Charles Byrne at 850-413-6267.

QUESTION: WHAT WILL HAPPEN IF I DO NOT SUBMIT MY RAF PAYMENT TO THE ABOVE ADDRESS BY THE PAYMENT DUE DATE OF 01-30-98?

ANSWER: You will be assessed penalty and interest charges until payment is made, or if payment is not made, your certificate could be canceled and your account referred to the State Comptroller for collection purposes.

QUESTION: CAN I REQUEST AN EXTENSION FOR PAYING MY RAF?

ANSWER: **YES**, complete the enclosed extension fee request form and make sure the Commission receives it at least two weeks before the payment due date of 01-30-98. Upon receiving your request, your account will be reviewed and you will be notified by phone if your request was approved or denied. If approved, you will be required to pay a extension fee as referenced on the extension fee request form. You will need to include the extension fee amount with your RAF payment.

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Florida Public Service Commission
(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
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\$ 50.00	0603002
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\$	P
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\$	004011
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Initials of Preparer	mk

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 Amended Return

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 D227 # JAN 12 2000

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Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
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7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
8.	TOTAL AMOUNT DUE	\$ 50.00

*P. T. Siler
RHR*

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

*I wish to CANCEL my
 certificate agreement*

* These amounts must be intrastate only and must be verifiable.

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.

H. Merritt
 (Signature of Company Official)
 H. MERRITT
 (Preparer of Form - Please Print Name)

OWNER (Title) 1-5-00 (Date)
 Telephone Number (954) 791-7174 Fax Number (954) 791-5807
 F.E.I. No. 1432