

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date January 21, 2000

Docket No. 000070-TC

- 1. Division Name/Staff Name Communications/Isler
- 2. OPR Communications/Isler
- 3. OCR Legal Services

4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 1432 by
Dr. Henry N. Merritt, Jr., P.A., Effective 12/31/99

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)

<u>Dr. Henry N. Merritt, Jr.</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

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

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

00931-00
DOCUMENT NUMBER-DATE
00931 JAN 21 8
FPSC-RECORDS/REPORTING

Pay Telephone Service Provider Regulatory Assessment Fee Return

RECEIVED
 FLORIDA PUBLIC SERVICE COMMISSION

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

FOR PSC USE ONLY	
Check#	20977
\$	50.00
	0603002
	003001
	P
	0603002
	004011
	I
Postmark Date	1/10/00
Initials of Preparer	MC

STATUS:
 Actual Return
 Estimated Return
 Amended Return

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

PERIOD COVERED:
 01/01/1999 TO
 12/31/1999

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. Isler
R&R

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

Pay Telephone Service Provider Regulatory Assessment Fee Return

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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 12 2000

FOR PSC USE ONLY
 Check# 20977
 \$ 50.00 0603002
 003001
 \$ 0603002
 004011
 \$ 1
 Postmark Date 1/10/00
 Initials of Preparer MC

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(Address)

(City/State)

(Zip)

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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. Isler
R&R*

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 SUM OF FIFTY DOLLARS

DOLLARS

I believe the above content in writing with

TO THE ORDER OF: Florida Public Service Comm.

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

5-00
 (Date)

791-5807

Security features included. Details on back.

[Signature]

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.