

(020000)

# Alternative Local Exchange Company Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*Nonnye P. Isler*

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TA022-01-0-R  
 Hayes Telecommunications Services, Inc.  
 % ProxyMed, Inc./Hayes Computer System  
 1355 Thomaswood Drive  
 Tallahassee, FL 32312-2915

**DEPOSIT**

**DATE**

CC: P. Isler **D216** **MAY 22 2002**

FOR PSC USE ONLY  
 Check# 010378  
 \$ 50.00 0603006  
 003001  
 \$ \_\_\_\_\_ P  
 0603006  
 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date 5/17/02  
 Initials of Preparer MC

PERIOD COVERED:

01/01/2001 TO 12/31/2001

Hayes Telecommunications Serv., Inc. Please Complete Below If Official Mailing Address Has Changed

Hayes Computer Systems

(Name of Company)

(Address)

(City/State)

(Zip) 92308

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	\$ _____	\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	TOTAL AMOUNT DUE	\$ _____	\$ _____

\* These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

**CURRENT COMPANY STATUS**

Facilities-Based Provider  
 Reseller  
 Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent if other than yourself.

CAF  
 CMP  
 COM  
 CTR  
 ECR  
 GCL  
 OPC  
 MMS  
 SEC  
 OTH

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

**COMPANY INFORMATION**

Do you lease telecommunications facilities?  YES  NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

*Karen D. Hartnell*  
 (Signature of Company Official)  
Connie C. Williams  
 (Preparer of Form - Please Print Name)

President/CI  
 (Title)  
 Telephone Number (850) 297-05  
 F.E.I. No. 59-3633709

DOCUMENT NUMBER-DATE  
**05450 MAY 22 02**  
 FPSC-COMMISSION CLERK