

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

1999 Interest + 2001 Ref + P + I

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2001 TO 08/23/2001

Tandem Health Care
of Jacksonville
(Name of Company)

TF939-01-0-R
Arbors at Jacksonville
4101 Southpoint Drive East
Jacksonville, FL 32216-0996
DEPOSIT **LATE**
D2478 **AUG 27 2002**

FOR PSC USE ONLY
Check# 55035
\$ 50.00 0603002
\$ 12.50 P 003001
\$ 4.00 0603002
004011
Postmark Date 8/22/02
Initials of Preparer PK

Please Complete Below if Official Mailing Address Has Changed

4101 Southpoint Dr East Jacksonville, FL 32216-0996
(Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>4.00</u>
8.	TOTAL AMOUNT DUE	\$ <u>66.50</u>

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 1

* 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.

AUS _____
CAF _____
CMP _____
COM Carol Pope
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC _____
OTH None
Hong

Controller 8-16-02
(Title) (Date)
Telephone Number (407) 647-3094 Fax Number (407) 645-1384
F.E.I. No. 59-3629265

DOCUMENT NUMBER DATE
09037 AUG 27 02