

Pay Telephone Service Provider Regulatory Assessment Fee Return

030800-P4

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2002 TO 12/31/2002

DATE: **JUL 07 2003**

TD288-02-0-R
 Bay Medical Center D362
 615 North Bonita Avenue
 Panama City, FL 32401-3623
 CC: P. Isler

FOR PSC USE ONLY

Check # 120751

\$ 50.00 0603002
003001

\$ 0603002
004011

Postmark Date 7/2/03

Initials of Preparer mc

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

- AUS _____
- CAF _____
- CMP BK
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC T
- OTH _____

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

* 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.

(Signature of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number ()

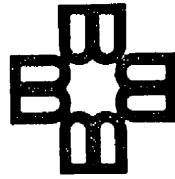
Fax Number ()

F.E.I. No. _____

DOCUMENT NUMBER-DATE

05961 JUL-7 8

FPSC-COMMISSION CLERK



June 27, 2003 **BAY MEDICAL CENTER**

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850
ATTN: Fiscal Services

Dear Sir or Madam:

Please accept this letter as a written request to cancel our Pay Telephone Service Provider Certificate, as this business does not own pay telephones, nor is it a telecommunications company. No revenue has been generated from this type of service for at least seven years.

Enclosed is the minimum \$50 fee for the 2002 calendar year. The minimum payment for the 2003 calendar year will be paid within the time requirements.

Sincerely,

Denise L. Boop
Accountant

03 JUL - 3 AM 8: 59

615 North Bonita Avenue, Panama City, Florida 32401 • 850-769-1511

ACCREDITED BY THE JOINT COMMISSION OF HEALTHCARE ORGANIZATIONS
MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION • MEMBER OF THE VOLUNTARY HOSPITALS OF AMERICA

Ruth Nettles

From: Paula Isler
Sent: Tuesday, July 08, 2003 8:28 AM
To: Ruth Nettles
Subject: RE: request for cancellation/TD288 Bay Medical Center

Ruth, there was a copy of this request in my box (I had not checked prior to responding to your e-mail). They only paid \$50 for 2002 (no penalty and interest). Please do NOT open a docket yet. Thanks!

-----Original Message-----

From: Ruth Nettles
Sent: Tuesday, July 08, 2003 8:26 AM
To: Paula Isler
Subject: RE: request for cancellation/TD288 Bay Medical Center

Okay, I'll get a docket established this morning based on your e-mail. Thanks Paula. I'll let you know the docket number a little latter.

-----Original Message-----

From: Paula Isler
Sent: Tuesday, July 08, 2003 7:51 AM
To: Ruth Nettles
Subject: RE: request for cancellation/TD288 Bay Medical Center

Hi Ruth. I was out yesterday. Yes, a docket can be opened.

-----Original Message-----

From: Ruth Nettles
Sent: Monday, July 07, 2003 11:07 AM
To: Paula Isler
Subject: request for cancellation/TD288 Bay Medical Center

Good morning. I'm back at it over here. I have a request to cancel PATS certificate; they have included payment for 2002 and state that payment for 2003 calendar year will be paid within the time requirements. Let me know if I can open a docket based on this request. Thanks Paula.

Ruth.