

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date	July 23, 2003	Docket No.	030672 - TX
1. Division Name/Staff Name:		Division of Competitive Markets & Enforcement/Isler	
2. OPR: Division of Competitive Markets & Enforcement/Isler			
3. OCR: Office of the General Counsel			
4. Suggested Docket Title: Cancellation by Florida Public Service Commission of CLEC Certificate No. 8213 issued to Adventist Health System/Sunbelt, Inc. d/b/a Florida Hospital Medical Center for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.			
5. Suggested Docket Mailing List (attach separate sheet if necessary)			
A. Provide NAMES OR ACRONYMS ONLY if a regulated company.			
B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)			
1. Parties and their representatives (if any):			
2. Interested persons and their representatives (if any):			
6. Check one:			
<input checked="" type="checkbox"/> Documentation is attached.			
<input type="checkbox"/> Documentation will be provided with recommendation.			
PSC/CCA010-C (Rev 10/01)			

DOCUMENT NUMBER DATE

06600 JUL 23 8

FPSC-COMMISSION CLERK

TRANSMISSION VERIFICATION REPORT

TIME : 07/03/2003 13:51
NAME :
FAX :
TEL :

DATE, TIME	07/03 13:51
FAX NO. /NAME	614073035593
DURATION	00:00:33
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

*faxed
1) cover sheet*

July 3, 2003

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

**2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850**

TO:

James Becker

VOICE: (407) 303-9696
FAX: (407) 303-5593

FROM:

Paula Isler

Voice: (850) 413-6502
Fax: (850) 413-6503

E-mail: Pisler@psc.state.fl.us

RE:

Adventist Health System/Sunbelt, Inc.
d/b/a Florida Hospital Medical Center
(TX683)

Dear Mr. Becker:

Payment for the 2002 Regulatory Assessment Fee was due January 30, 2003. As of this date, payment has still not been received. A delinquent notice was mailed on February 21, 2003, via certified mail, which was signed for and delivered. On April 11th, I wrote you and explained that payment had not been received and enclosed a copy of the 2002 Regulatory Assessment Fee return form.

The fee is .0015% of a company's intrastate revenues, or \$50.00, whichever is greater. The fee is due even if a company never started operations or had any revenues. In addition, statutory penalty and interest charges are applicable.

Please pay the past due amount to avoid an enforcement docket from being established for violation of Rule 25-4.0161, Florida Administrative Code. Let me know if you have any questions.

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON

STATE OF FLORIDA



291
DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

April 11, 2003

Mr. James Becker, Director/Information Systems
Florida Hospital Medical Center (TX683)
601 East Rollins Street
Orlando, FL 32803-1273

Dear Mr. Becker:

The Regulatory Assessment Fee (RAF) is due by January 30th of each year for the preceding calendar year. For certificate holders, the RAF is owed even if a telecommunications company may not have started operations or had any revenues. If payment is made after the due date, then statutory penalty and interest charges are applicable.

Our records show that the 2002 RAF return notice was mailed on December 12, 2002, and a delinquent notice was mailed on February 20, 2003. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2002 RAF return form is enclosed.

If full payment, including penalty and interest charges, along with the RAF return form, are not received by April 30, 2003, a docket will be established. Your company will be fined or your certificate cancelled if you do not respond. Please note that once a docket has been established, **just paying the delinquent RAF amount will not prevent your certificate from being cancelled.**

If you wish to cancel your certificate voluntarily and leave in good standing with the Commission, your company should pay the past due amount in full, complete the 2002 RAF return form, either pay the 2003 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.820, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to the Florida Department of Financial Services for further collection efforts.

If you have any questions, please contact me at (850) 413-6502, by fax at (850) 413-6503, by e-mail at pisler@psc.state.fl.us, or by writing to me at the address below.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TX683-02-0-R
 Florida Hospital Medical Center
 601 East Rollins Street
 Orlando, FL 32803-1273
 CC: P. Isler

PERIOD COVERED:
 10/28/2002 TO 12/31/2002

FOR PSC USE ONLY

Check# _____

\$ _____ 0603006
 _____ 003001

\$ _____ P
 _____ 0603006
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

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

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.

 (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.

 (Signature of Company Official) (Title) (Date)

 (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. _____

25-24.820 Revocation of a Certificate.

(1) The Commission may on its own motion, after notice and opportunity for hearing, revoke a company's certificate for any of the following reasons:

- (a) Violation of a term or condition under which the authority was originally granted;
- (b) Violation of Commission rule or order;
- (c) Violation of Florida Statute; or
- (d) Violation of a price list standard.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request. Cancellation of a certificate shall be ordered subject to the holder providing the required information.

- (a) A statement of intent and date certain to pay regulatory assessment fee.
- (b) A statement of why the certificate is proposed to be cancelled.
- (c) A statement as to how customer deposits and final bills will be handled.
- (d) Proof of individual customer notice regarding discontinuance of service.

Specific Authority: 350.127(2), F.S.

Law Implemented: 364.335, 364.345, F.S.

History: New 12/26/95.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TX683 Florida Hospital Medical Center
601 East Rollins Street
Orlando, FL 32803-1273

2. Article Number

(Transfer from service label)

7002 0860 0001 1756 0085

PS Form 3811, March 2001

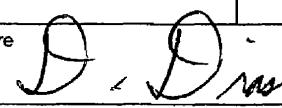
Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

2/25

C. Signature  Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

MCD Company Information for TX683

Printed on 07/23/2003 at 09:57:10 by PJI

Company Code: TX683
Complete Name: Adventist Health System/Sunbelt, Inc. d/b/a Florida Hospital
Medical Center
Mailing Name: Florida Hospital Medical Center
Certificate No(s): 8213
Status: Active
Regulation Date: 10/28/2002
Bankruptcy: No
Company Liaison #1: James Becker
Title: Director of Information Systems
Mailing Address: 601 East Rollins Street

Physical Location: Orlando, FL 32803-1273
601 East Rollins Street

Phone: Orlando, FL 32803-1273
(407) 303-9696
Fax: (407) 303-5593

Related Dockets:
020801-TX Application for certificate to provide alternative local exchange
telecommunications service by Adventist Health System/Sunbelt,
Inc. d/b/a Florida Hospital Medical Center.

COMPANY IDENTIFICATION

Printed on 03/20/2003 at 11:41:47 by SAH

Complete Name: Adventist Health System/Sunbelt, Inc. d/b/a Florida Hospital Medical Center

Mailing Name: Florida Hospital Medical Center

Company Code: TX683 FEID Number: 12-094488

RAF ACCOUNT FOR THE PERIOD 01/01/2002 THROUGH 12/31/2002

Reg. Date: 10/28/2002 Inactive Date:
 Service: ALX - Alternative Local Exchange
 Received: No RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 0 Payments Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate: Net RAF Due: \$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Thursday, December 5, 2002 at 9:40 AM by Jackie Knight

Period covered: 01/01/2002 through 12/31/2002 RAF rate:
 Operating rev: \$0.00 Gross intrastate rev: \$0.00
 Documents: Delinquent letter mailed on 02/19/2003
 RAF form mailed on 12/05/2002