

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date	August 18, 2003	Docket No.	030933-75
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1. Division Name/Staff Name:	Division of Competitive Markets & Enforcement/Isler
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2. OPR:	Division of Competitive Markets & Enforcement
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3. OCR:	Office of the General Counsel
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4. Suggested Docket Title:	Cancellation by Florida Public Service Commission of STS Certificate No. 2293 issued to St. Vincent's Medical Center, Inc., for violation of Rule 25-24.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.
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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:

XX Documentation is attached.

_____ Documentation will be provided with recommendation.

TRANSMISSION VERIFICATION REPORT

TIME : 06/18/2003 13:42
NAME :
FAX :
TEL :

DATE, TIME	06/18 13:41
FAX NO./NAME	619043842036
DURATION	00:00:48
PAGE(S)	00
RESULT	NG
MODE	STANDARD

NG : POOR LINE CONDITION

*faxed
1) cover sheet*

June 18, 2003

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

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

TO:

Ray Lewis,
Director/Telecommunications

VOICE: (904) 308-7024
FAX: (904) 384-2036

FROM:

Paula Isler

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

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

RE:

St. Vincent's Medical Center, Inc.
(TS100)

Dear Mr. Lewis:

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 and it was signed for by D. Spell and delivered on February 24, 2003. On April 28th, 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.

STATE OF FLORIDA

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



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

Public Service Commission

April 28, 2003

Mr. Ray Lewis, Director of Telecmus.
St. Vincent's Medical Center, Inc. (TS100)
PO Box 2982
Jacksonville, FL 32203-2982

Dear Mr. Lewis:

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. Our records also show that you have a small past due balance for late payment of a prior year's fee, which must be paid. A breakdown is enclosed.

If full payment, including penalty and interest charges, along with the RAF return form, are not received by May 19, 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 25-24.572, 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,

Handwritten signature of Paula J. Isler in cursive.

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

Shared-Tenant Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TS100-02-0-R
 St. Vincent's Medical Center, Inc.
 P. O. Box 2982
 Jacksonville, FL 32203-2982

CC: P. Isler

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603003
 _____ 003001

\$ _____ P
 _____ 0603003
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

(Name of Company)

(Address)

(City/State)

(Zip)

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

* These amounts must be intrastate only and must be verifiable.

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

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. _____

COMPANY IDENTIFICATION

Printed on 04/18/2003 at 12:29:53 by PJI

Complete Name: St. Vincent's Medical Center, Inc.

Mailing Name: St. Vincent's Medical Center, Inc.

Company Code: TS100 FEID Number: 59-0624449

RAF ACCOUNT FOR THE PERIOD 01/01/1997 THROUGH 12/31/1997

Reg. Date: 05/16/1989 Inactive Date:
 Service: STS - Shared Tenant Service
 Received: Actual RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 1 Payment Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate: 0.0015 Net RAF Due: \$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$7.50	\$5.00	\$2.50
Interest	\$1.50	\$1.00	\$0.50
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$59.00	\$56.00	\$3.00

Last modification was made on Tuesday, December 5, 2000 at 8:42 AM by Jackie Knight

Period covered: 01/01/1997 through 12/31/1997 RAF rate: 0.0015
 Operating rev: \$0.00 Gross intrastate rev: \$0.00
 Documents: Actual RAF form received on 04/02/1998

RAF form mailed on 11/21/1997 (Certified id #: P173 996 441)

Postmarked	Trans Date	Date Posted-By	Dep #	Check #	Check Amount
04/02/1998	04/20/1998	07/23/1998-JIK	DJ748	005156	\$56.00
	RAF paid		DJ748		\$50.00
	Penalty paid		DJ748		\$5.00
	Interest paid		DJ748		\$1.00

25-24.572 Cancellation of a Certificate.

- (1) The Commission may cancel a company's certificate for any of the following reasons:
- (a) Violation of the terms and conditions under which the authority was originally granted;
 - (b) Violation of Commission rules or orders; or
 - (c) Violation of Florida Statutes.

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

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.
- (c) Proof of individual customer notice regarding discontinuance of service.
- (d) Statement on treatment of customer deposits and final bills.

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.285, 364.339, 364.345 FS.

History--New 1-28-91, Amended 7-29-97.

MCD Company Information for TS100

Printed on 08/14/2003 at 16:01:47 by PJI

Company Code: TS100
Complete Name: St. Vincent's Medical Center, Inc.
Mailing Name: St. Vincent's Medical Center, Inc.
Certificate No(s): 2293
Status: Active
Regulation Date: 05/16/1989
Bankruptcy: No
Company Liaison #1: Ray Lewis
Title: Director of Telecommunications
Mailing Address: P. O. Box 2982

Physical Location: Jacksonville, FL 32203-2982
1800 Barrs Street

Phone: Jacksonville, FL 32204-4704
(904) 308-7024
Fax: (904) 384-2036

Related Dockets:

881587-TS Application of ST. VINCENT'S MEDICAL CENTER, INC. for authority to provide shared tenant service to 500 North Ocean Street, Jacksonville.

COMPANY IDENTIFICATION

Printed on 04/16/2003 at 14:58:01 by SAH

Complete Name: St. Vincent's Medical Center, Inc.

Mailing Name: St. Vincent's Medical Center, Inc.

Company Code: TS100 FEID Number: 59-0624449

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

Reg. Date: 05/16/1989 Inactive Date:
 Service: STS - Shared Tenant Service
 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 9:29 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: RAF form faxed on 02/24/2003
 Remarks: Sent to Legal Dept. at (904) 308-4072
 Delinquent letter mailed on 02/19/2003
 RAF form mailed on 12/05/2002