

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date: 8/31/2004 **Docket No.:** 040995-TC

1. Division Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler

2. OPR: Division Of Competitive Markets & Enforcement

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Compliance investigation of Jackson Memorial Hospital for apparent violation of Rule 25-

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:

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE
09543 SEP-1 8
 FPSC-COMMISSION CLERK G:\est.doc

STATE OF FLORIDA

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



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

May 26, 2004

Mr. Chuck Harwell, Manager
Jackson Memorial Hospital (TE244)
1611 NW 12th Avenue
Miami, FL 33136-1094

Dear Mr. Harwell:

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. Since payment has not been made, statutory penalty and interest charges are now applicable.

Our records show that the 2003 RAF return notice was mailed on December 12, 2003, and a delinquent notice was mailed on February 20, 2004. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2003 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 June 25, 2004, a docket may be established. Since this will be the second time a docket is established for the same rule violation, staff intends to recommend that your company be fined or its 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 2003 RAF return form, either pay the 2004 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.514, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to collections. When returning payment and a copy of the completed 2003 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

Mr. Chuck Harwell, Manager
Page 2
May 26, 2004

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 at the bottom of Page One.

Sincerely,

A handwritten signature in black ink that reads "Paula J. Isler". The signature is written in a cursive style with a large, stylized initial "P".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures
TMS #1341

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
01/01/2003 TO 12/31/2003

TE244-03-0-R
 Jackson Memorial Hospital
 1611 N.W. 12th Avenue
 Miami, FL 33136-1094

cc Paula Isler

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check# _____	
\$ _____	0603002 003001
\$ _____	P 0603002 004011
\$ _____	I
Postmark Date _____	
Initials of Preparer _____	

(Name of Company)	(Address)	(City/State)	(Zip)
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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)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ _____

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 _____

* 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.

COMPANY IDENTIFICATION

Printed on 04/26/2004 at 09:32:11 by PJI

Complete Name: Jackson Memorial Hospital

Mailing Name: Jackson Memorial Hospital

Company Code: TE244 FEID Number:

RAF ACCOUNT FOR THE PERIOD 01/01/1998 THROUGH 12/31/1998

Reg. Date: 08/29/1990 Inactive Date:
 Service: PAT - Pay Telephone
 Received: Actual RAF Form
 Status: Satisfied
 Amended: No Extension: No
 Frozen: No Comments: Yes
 Payment Count: 2 Payments Made to Date
 Operating Rev: \$5,048.60 Interstate Rev: \$0.00
 RAF Rate: 0.0015 Net RAF Due: \$100.00

Assessment	Due	Paid	Owe
RAF	\$100.00	\$125.48	\$0.00
Penalty	\$15.00	\$0.00	\$15.00
Interest	\$5.00	\$8.28	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$120.00	\$133.76	\$15.00

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

Period covered: 01/01/1998 through 12/31/1998 RAF rate: 0.0015
 Operating rev: \$5,048.60 Gross intrastate rev: \$0.00
 Documents: Actual RAF form received on 10/13/1999
 Remarks: True up.
 Actual RAF form received on 02/09/1999
 RAF form mailed on 11/19/1998

Postmarked	Trans Date	Date Posted-By	Dep #	Check #	Check Amount
10/13/1999	10/25/1999	10/25/1999-JIK	FD203	510719	\$83.73
	RAF paid		FD203		\$75.46
	Remarks: True up.				
	Interest paid		FD203		\$8.28
	Remarks: True up.				
02/09/1999	03/02/1999	03/02/1999-JIK	EH087	a396598	\$139.10
	RAF paid		EH087		\$50.00

COMPANY IDENTIFICATION

Printed on 04/26/2004 at 09:32:48 by PJI

Complete Name: Jackson Memorial Hospital

Mailing Name: Jackson Memorial Hospital

Company Code: TE244 FEID Number:

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

Reg. Date: 08/29/1990 Inactive Date:
 Service: PAT - Pay Telephone
 Received: Actual RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: Yes
 Payment Count: 1 Payment Made to Date
 Operating Rev: \$70,306.00 Interstate Rev: \$0.00
 RAF Rate: 0.0015 Net RAF Due: \$105.46

Assessment	Due	Paid	Owe
RAF	\$105.46	\$52.50	\$52.96
Penalty	\$26.37	\$12.50	\$13.87
Interest	\$6.33	\$3.00	\$3.33
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$138.16	\$68.00	\$70.16

Last modification was made on Monday, July 14, 2003 at 10:09 AM by Valorie Moore

Period covered: 01/01/2002 through 12/31/2002 RAF rate: 0.0015
 Operating rev: \$70,306.00 Gross intrastate rev: \$0.00
 Documents: Actual RAF form received on 07/02/2003
 RAF form mailed on 05/16/2003
 Delinquent letter mailed on 02/19/2003
 RAF form mailed on 12/05/2002

Postmarked	Trans Date	Date Posted-By	Dep #	Check #	Check Amount
07/02/2003	07/11/2003	07/14/2003-VPM	JA363	650392	\$93.75
		RAF paid	JA363		\$52.50
		Penalty paid	JA363		\$12.50
		Interest paid	JA363		\$3.00

25-24.514 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;
 - (c) Violation of Florida Statutes; or,
 - (d) Failure to provide service for a period of six (6) months.

(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.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

TE244-03-D-D

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.	A. Received by (Please Print Clearly) <i>E. Kelly</i>	B. Date of Delivery <i>2/23/10</i>
1. Article Addressed to: <p>TE244 Jackson Memorial Hospital 1611 N.W. 12th Avenue Miami, Florida 33136-1094</p>	C. Signature <i>E. Kelly</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label)	D. Is delivery address different from Item 1? If YES, enter delivery address below:	
PS Form 3811, March 2001	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7002 0860 0003 1760 7223

102595-01-M-1424

COMPANY IDENTIFICATION

Printed on 04/26/2004 at 09:33:09 by PJI

Complete Name: Jackson Memorial Hospital

Mailing Name: Jackson Memorial Hospital

Company Code: TE244 FEID Number:

RAF ACCOUNT FOR THE PERIOD 01/01/2003 THROUGH 12/31/2003

Reg. Date: 08/29/1990 Inactive Date:
 Service: PAT - Pay Telephone
 Received: No RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: Yes
 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 Wednesday, December 3, 2003 at 9:42 AM by David Brown

Period covered: 01/01/2003 through 12/31/2003 RAF rate:
 Operating rev: \$0.00 Gross intrastate rev: \$0.00
 Documents: Delinquent letter mailed on 02/20/2004
 Delinquent letter mailed on 02/19/2004
 RAF form mailed on 12/03/2003

MCD Company Information for TE244

Printed on 08/27/2004 at 12:52:11 by PJI

Company Code: TE244
Complete Name: Jackson Memorial Hospital
Mailing Name: Jackson Memorial Hospital
Certificate No(s): 2552
Status: Active
Regulation Date: 08/29/1990
Bankruptcy: No
Company Liaison #1: Chuck Harwell
Title: Manager
Mailing Address: 1611 N.W. 12th Avenue

Physical Location: Miami, FL 33136-1094
1611 N.W. 12th Avenue

Phone: Miami, FL 33136-1094
(305) 585-6200
Fax: (305) 585-7516

Related Dockets:

900632-TC

Application for certificate to provide pay telephone service to JACKSON MEMORIAL HOSPITAL.

981191-TC

Cancellation by Florida Public Service Commission of Pay Telephone Certificate No. 2552 issued to Jackson Memorial Hospital for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.