		e regulato ssessment fee return m hone Sarvice Provider	SECOND ST. MALES TO CONTROL CO	ent Fee l	Return	× .
STATUS		Florida Public Sei (See Filing Instructions o	vice Commission		FOR PSC USE	CONLY
Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2004 TO 12/31/2004		TG823-04-0-R Pinecastle Care Center 1220 Jimmy Ann Drivo S Daytona Beach, FL 53214	7-3818 JAN - 1 2005		stmark Date 1-5	06-03-001 003001 P 06-03-001 004011
Sp		0	cial Mailing Address Has Changed Simulation And Division (Address) (Address)		City/State)	39/1) (Zip)
LINE NO.	AC	COUNT CLASSIFICATIO	DN	CMP	AMO	INT
1.	Gross Operating Rev		A /	COM _	\$	
2. 3.	Gross Intrastate Reve	nue d to Other Telecommunica	tions Companies* 1/3	ECR _		
	•			GCL _		
4.	(Line 2 less Line 3)	S for Regulatory Assessn	nent Fee Calculation	OPC _ MMS _	\$	
5.	R $\rho _{\Omega \cap \Omega}$	×6 Hank in	ne 4 by 0.0015)	RCA_	-	
6.	P	070 1000 le	by Due Date" on back)	SCR		
7.	11 gave	uf faytething	e by Due Date" on back) e by Due Date" on back)	SEC		
8.	1 0 11/10	in Mey D/		OTH	\$	
	300000	p.	A STATUTES, THE MINIMUM	ANNUAL F	EE IS \$50	
	TI NO LO	ngo fertage	REGARDLESS OF THE AMOU	NT OF REV	ENUES REPOR	TED
9.	NSO do b. Me ar	not bill:	of period covered		une of	Service eganhand ey D4
* These amo	ounts	1				1
correct state	ment. I am aware that pursuant to	ove-named company, have read the foreg Section 837.06, Florida Statutes, whoever y of a misdemeanor of the second degree	er knowingly makes a false statement in			
0	Signature of Company	Official)	ADM IN	Shart		$\frac{300}{\text{(Date)}}$
Jan	1614 Or		Telephone Number 385 270	4 18 Fax	Number (36) 2	74-1835
(1	Preparer of Form - Please	e Print Name)	F.E.L No. 59 - 365	- 00	COMENT NUM	BER-CATE
					00362	JAN 11 9

FPSC-COMMISSION CLERK