

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date: 6/22/2005 **Docket No.:** 050429-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: Request for cancellation of PATS Certificate No. 8519 by Medicom LLC, effective March 22, 2005.

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

05928 JUN 22 '05

FPSC-COMMISSION CLERK

Paula Isler

From: Paula Isler
Sent: Tuesday, June 21, 2005 8:28 AM
To: Raquel Tully
Subject: FW:

Raquel, I was going through my in-box and found the RAF returns for Medicom. I will put them in the inter-office mail to you.

From: Paula Isler
Sent: Tuesday, June 21, 2005 8:23 AM
To: Raquel Tully
Subject: RE:

We received a letter from Medicom (TH022) requesting cancellation. I faxed the company the 2004 (\$50 RAF, \$12.50 penalty, \$2.50 interest - total \$65) and 2005 (\$50 RAF) RAF returns and advised her to pay a total of \$115 based on her statement the company never started operations (zero revenues). I don't know why she did not return the RAF returns. Please send me proof. Thanks.

From: Raquel Tully
Sent: Tuesday, June 21, 2005 8:11 AM
To: Paula Isler
Subject: RE:

Kristina Lipand
615 North East 10th Street Apt 103
Hallandale Beach, FL 33009

There is no phone number.

From: Paula Isler
Sent: Tuesday, June 21, 2005 8:06 AM
To: Raquel Tully
Subject: RE:

I was out yesterday. Yes to New Century. Please provide me more info about Lipand (any info on check, address, city, telephone number, company name, etc.).

From: Raquel Tully
Sent: Monday, June 20, 2005 3:52 PM
To: Paula Isler
Subject:

We received a \$5000.00 ck for New Century Telecom is this fines? Also we received a check from Kristina Lipand for \$115.00 do you know anything about that. There is no paper work or anything.

Thanks

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2005

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS: 2004

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
10/04/2004 TO 12/31/2004

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TH022-04-0-R
 Medicom LLC
 3370 N.E. 190th Street, #605
 Aventura, FL 33180-2410

FOR PSC USE ONLY

Check#

\$ _____ 06-03-001
003001

\$ _____ F 06-03-001
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

Medicom LLC, 3370 Hidden Bay Dr. #605 AVENTURA FL 33180
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0.-
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)	\$ 50 minim.
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)	12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.50
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.

Kristina Lipand mgr.
 (Signature of Company Official)
 (Preparer of Form - Please Print Name)

manager 6/10/2005
 (Title) (Date)
 Telephone Number _____ Fax Number 305 675 3120

F.E.I. No. _____

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2006

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

FOR PSC USE ONLY	
Check # _____	
\$ _____	06-03-001 003001
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date _____	
Initials of Preparer _____	

STATUS: 2005

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

TH022-05-0-R
 Medicom LLC
 3370 N.E. 190th Street, #605
 Aventura, FL 33180-2410

Please Complete Below If Official Mailing Address Has Changed

Medicom LLC 3370 HIDDEN BAY DR #605 AVENTURA FL 33180

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0.-
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>50.00</u> <i>minimum</i>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>50.-</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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] Manager 6/10/2005
 (Signature of Company Official) (Title) (Date)

Trishia David Telephone Number _____ Fax Number 305 675 3120
 (Preparer of Form - Please Print Name)

F.E.I. No. _____

TRANSMISSION VERIFICATION REPORT

TIME : 06/10/2005 10:33
NAME : PSC
FAX : 4137077
TEL : 4137077

DATE, TIME	06/10 10:31
FAX NO./NAME	613056753120
DURATION	00:02:28
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM

Friday, June 10, 2005

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

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

TO:

Kristina Lipand, Manager

Phone: (305) 682-8064
Fax: (305) 675-3120

FROM:

Paula Isler

Phone: (850) 413-6502
Fax: (850) 413-6503
E-mail: PIsler@psc.state.fl.us

RE:

Medicom LLC (TH022)

Dear Ms. Lipand:

The Commission received your letter requesting cancellation of Medicom's payphone certificate. Before we can recommend a voluntary cancellation, the company must pay the 2004 and 2005 Regulatory Assessment Fees, plus applicable late payment charges. I've attached the 2004 and 2005 Regulatory Assessment Fee return forms. Since your letter stated the company never started operations, only the minimum is owed. The company will owe \$65.00 (\$50.00 minimum fee, \$12.50 penalty, and \$2.50 interest) for 2004 and \$50.00 for 2005 for a total of \$115.00.

Please respond by June 30, 2005. Let me know if you have any questions. Thanks.

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
10/04/2004 TO 12/31/2004

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TH022-04-0-R
Medicom LLC
3370 N.E. 190th Street, #605
Aventura, FL 33180-2410

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-00
00300

\$ _____ P _____ 06-03-00
004011

\$ _____ I _____

Postmark Date _____

Initials of Preparer _____

(Name of Company)

(Address)

(City/State)

(Zip)

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

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(Signature of Company Official)	(Title)	(Date)
(Preparer of Form - Please Print Name)	Telephone Number () _____	Fax Number () _____
	F.E.I. No. _____	

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

TH022-05-0-R Medicom LLC 3370 N.E. 190th Street, #605 Aventura, FL 33180-2410
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Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check # _____	
\$ _____	06-03-001 003001
\$ _____ P	
	06-03-001 004011
\$ _____ I	
Postmark Date _____	
Initials of Preparer _____	

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (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 0.0020)	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ _____ ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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

 (Preparer of Form - Please Print Name)

Telephone Number () _____ Fax Number () _____

F.E.I. No. _____

Paula Isler

From: Rick Moses
Sent: Wednesday, March 23, 2005 3:37 PM
To: Paula Isler
Cc: Ray Kennedy
Subject: FW: New filing in undocketed matter

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

From: Matilda Sanders
Sent: Wednesday, March 23, 2005 2:35 PM
To: Lisa Harvey; Beth Salak; Cheryl Bulecza-Banks; Rick Moses; Sally Simmons; Carolyn Craig; LaSandra Givens
Subject: New filing in undocketed matter

DOCUMENT DESCRIPTION = Medicom LLC (Lipand) - **Undated letter advises company does not provide and is not planning to provide any kind of communication business; requests removal from records.** [CCA note: Advised by CMP/Isler that company owes 2004 and 2005 RAFs prior to opening of docket.]

DOCUMENT PATH =
file://L:\PSC\LIBRARY\FILINGS\05\02810-05

Document ID = 02810-05
Document Filed 03/22/05

The filing described above is now available in PDF format, and may also be available in WordPerfect or other formats.

To access it, click on the DOCUMENT PATH link. This will pop up a Windows Explorer window. You will see the PDF (Adobe Acrobat) version; you will also see other versions if they exist. Double-click on the preferred version and the document will open.

If you need to cut/paste/search in the document and find you can't, try later when the reformatted version is available. (For more information, see PDF Tips on the How To menu.)

You can also go to the docket in CMS by triple-clicking on the DOCKET NUMBER, typing ctrl-C to copy, and using the paste icon to paste the docket number into the query line in CMS.

This is an automatically generated e-mail; no response/reply is necessary.

3-22-05
No need to cancel
Reg. let to
CCS/Hayman
for handling
: Medicom LLC
: 3370 ne 190ths st # 605
: Aventura, FL 33180 - 2410
: Tel: 305 682 8064
: Fax: 305 675 3120

ORIGINAL

Updated
3-22-05
RECEIVED FPSC

MAR 22 AM 11:11

05 MAR 22 AM 9:44
COMMISSION
CLERK

State of Florida
Public Service Commission
Blanca S Bayo
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

TH 022
Medicom LLC

RE: Your letter

You sent us a letter because you think we provide communication service in the state of Florida.

We applied for such activity because we engaged in an internet kiosk business. This business venture showed to be a fraud and we never started the business, we only lost our money.

We do not provide, or are planning of providing any kind of communication business.

Please remove us from your records,

CMP _____
COM _____ Best regards,
CTR _____
ECR _____
GCL _____
OPC _____ MEDICOM LLC
MMS _____
RCA _____
SCR _____
SEC 1
OTH _____



Kristina Lipand

MEDICOM LLC

DOCUMENT NUMBER 041
.....02810.MAR 22.05
FPSC-COMMISSION OF ELECTRICITY

MCD Company Information for TH022

Printed on 06/09/2005 at 11:50:21 by PJI

Company Code: TH022
Complete Name: Medicom LLC
Mailing Name: Medicom LLC
Certificate No(s): 8519
Status: Active
Regulation Date: 10/04/2004
Bankruptcy: No
Company Liaison #1: Kristina Lipand
Title: Manager
Mailing Address: 3370 N.E. 190th Street, #605

Physical Location: Aventura, FL 33180-2410
3370 N.E. 190th Street, #605

Phone: Aventura, FL 33180-2410
(305) 682-8064
Fax: (305) 675-3120

Related Dockets:

040784-TC

Application for certificate to provide pay telephone service by
Medicom LLC.