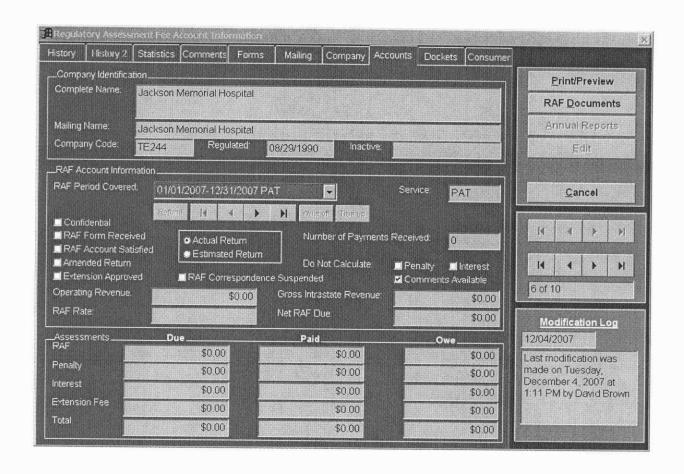
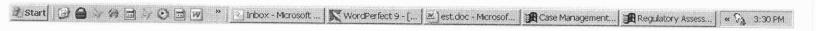
REQUEST TO ESTABLISH DOCKET (Please Type)					
Date:	6/18/2008		Docket No.:	080325-70	
1. Divisio	n Name/Staff Name:	Division Of Competitive Ma	arkets & Enforc		
2. OPR:					
3. OCR:	CR: Office Of The General Counsel				
4. Suggested Docket Title:  Compliance investigation of PATS Certificate No. 2552, issued to Jackson Memorial Hospital, for apparent third-time violation of Rule 25-4.0161, F.A.C., Regulato Assessment Fees; Telecommunications Companies.					
<ul> <li>5. Suggested Docket Mailing List (attach separate sheet if necessary)</li> <li>A. Provide NAMES OR ACRONYMS ONLY if a regulated company.</li> <li>B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)</li> <li>1. Parties and their representatives (if any):</li> </ul>					
		, ·			
2. Interested persons and their representatives (if any):					
6. Check one:					
☑ Documentation is attached.					
Documentation will be provided with recommendation.					
DOCUMENT NUMBER-DATE					

95166 JUN 188





DOCUMENT NUMBER-DATE

05166 JUN 188

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature Agent Addressee  B. Received by (Printed Name)  C. Dals of Daivey				
Article Addressed to:  TE244-07-0-D	D. Is delivery address different from item 1? I□ Yes  If YES, enter delivery address below: □ No				
Jackson Memorial Hospital					
PPW L309	3. Sepvice Type				
1611 N.W. 12th Avenue Miami, FL 33136-1005	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
	4. Restricted Delivery? (Extra Fee) Yes				
7006 2760 0003 8793 9049					
PS Form 3811, February 2004 Domestic Return Receipt 102595-024M-1540					

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**FAQs** 

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inspector General Promotog istegrity

**Track & Confirm Search Results** Label/Receipt Number: 7006 2760 0003 8793 9049 Track & Confirm Status: Delivered Enter Label/Receipt Number Your item was delivered at 7:54 AM on February 25, 2008 in MIAMI, FL 33136. Return to USPS.com Home > Additional Details > Go> **Notification Options** Track & Confirm by email Get current event information or updates for your item sent to you or others by email. (60>) National & Premier Accounts Site Map Contact Us Govt Services Privacy Policy Terms of Use Foons

Postal Inspectors

Freserving the Trust

No FEAR Act EEO Data

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TEZHH Men. Hosp.
Sackson Men. Hosp.

## MCD Company Information for TE244

## Printed on 06/16/2008 at 11:41:06 by PJI

Company Code:

TE244

Complete Name:

Jackson Memorial Hospital Jackson Memorial Hospital

Mailing Name: Certificate No(s): Status:

2552 Active

Regulation Date:

08/29/1990

No

Bankruptcy: Company Liaison #1:

Eugene Huie

Title:

Manager PPW G206

Mailing Address:

1611 N.W. 12th Avenue Miami, FL 33136-1005 1611 N.W. 12th Avenue

Physical Location:

Miami, FL 33136-1005

Phone: Fax:

(305) 355-4951 (305) 585-7516

Related Dockets:

900632-TC

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

981191-TC

(6. pa DOILE

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

040995-TC

Compliance investigation of Jackson Memorial Hospital for apparent violation of Rule 25-4.0161, FAC, Regulatory Assessment Fees; Telecommunications Companies.

Co. pd \$500 settlem.