

090259-TC

RECEIVED-FPSC

09 MAY -4 AM 9:57

FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF REGULATORY COMPLIANCE

COMMISSION CLERK 30753
\$ 250.00
4-29-09
RT

DEPOSIT DATE

933 MAY 01 2009

APPLICATION FORM

for

AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 8).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and one copy of this form along with a non-refundable application fee of \$250.00 to:

Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

E. A filing fee of \$250.00 is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.512, F.A.C.).

F. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Compliance
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

COM _____
 ECR _____
 GCL _____
 OPC _____
 RCP _____
 SSC _____
 SGA _____
 ADM _____
 CLK *None*

FORM PSC/RCP 32 (5/08)
 Commission Rule Nos. 25-24.511
 and 25-24.512

Note: To complete this interactive form Required
 by using your computer, use the tab key to
 navigate between data entry fields.

DOCUMENT NUMBER-DATE
 04161 MAY-48
 FPSC-COMMISSION CLERK

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company: Fairwinds Properties Inc.

3. Name under which applicant will do business (fictitious name, etc.):

Fairwinds Treatment Center

4. Official mailing address:

Street/Post Office Box: 1569 South Fort Harrison
City: Clearwater
State: Florida
Zip: 33756

5. Florida address:

Street/Post Office Box: Same
City: Same
State: Same
Zip: Same

6. Structure of organization:

Individual
 Foreign Corporation
 General Partnership
 Other,

Corporation
 Foreign Partnership
 Limited Partnership

14. Provide **F.E.I. Number**(if applicable):

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Joe Cacciola
Title: Director of Enviornment of Care
Street name & number: 1569 South Fort Harrison
Post office box:
City: Clearwater
State: Florida
Zip: 33756
Telephone No.: (727) 449-0300
Fax No.: (727) 446-1022
E-Mail Address: jcacciola@fairwindstreatment.com
Website Address: www.fairwindstreatment.com

(b) Official point of contact for the ongoing operations of the company:

Name: Mazhar Al-Abed
Title: CEO
Street name & number: 1569 South Fort Harrison
Post office box:
City: Clearwater
State: Florida
Zip: 33756
Telephone No.: (727) 449-0300
Fax No.: (727) 446-1022
E-Mail Address: maz@fairwindstreatment.com
Website Address: www.fairwindstreatment.com

(c) Complaints/Inquiries from customers:

Name: Joe Cacciola
Title: Director of Enviornment of Car
Street/Post Office Box: 1569 South Fort Harrison
City: Clearwater
State: Florida
Zip: 33756
Telephone No.: (727) 449-0300
Fax No.: (727) 446-1022
E-Mail Address: jcacciola@fairwindstreatment.com
Website Address: www.fairwindstreatment.comN/A

16. List the states in which the applicant:

(a) has operated as a Pay Telephone Service provider.

N/A

(b) has applications pending to be certificated as a Pay Telephone Service provider.

N/A

(c) is certificated to operate as a Pay Telephone Service provider.

N/A

(d) has been denied authority to operate as a Pay Telephone Service provider and the circumstances involved.

N/A

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved. Explain circumstances.

N/A

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

N/A

17. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

N/A

(b) granted or denied a pay telephone certificate in the State of Florida (this includes active and canceled pay telephone certificates). If yes, provide explanation and list the certificate holder and certificate number.

N/A

(c) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

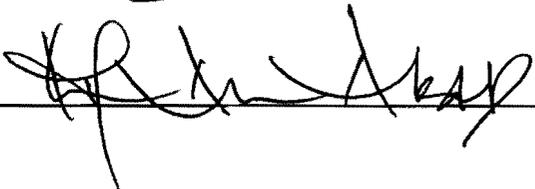
RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083.**"

Company Owner or Officer

Print Name: MAZHAR AL ASEED
Title: ADMINISTRATOR
Telephone No.: 727 449 0300
E-Mail Address: MAZ@FAIRWINDSTREATMENT.COM

Signature:  Date: 4/20/09

State of Florida



Department of State

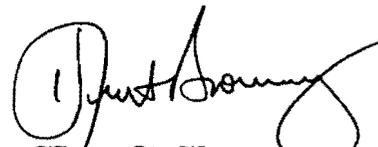
I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of FAIRWINDS RESIDENTIAL TREATMENT CENTER, registered with the Department of State on January 9, 2009, as shown by the records of this office.

The Registration Number of this Fictitious Name is G09009900166.



CR2EO22 (01-07)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Sixteenth day of January, 2009


Kurt S. Bronning
Secretary of State

State of Florida



Department of State

I certify from the records of this office that FAIRWINDS RESIDENTIAL TREATMENT CENTER is a Fictitious Name registered with the Department of State on January 9, 2009.

The Registration Number of this Fictitious Name is G09009900166.

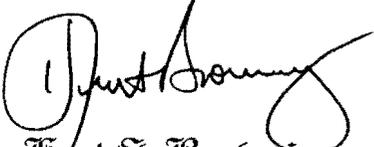
I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Sixteenth day of January, 2009



CR2EO22 (01-07)


Kurt S. Bronning
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2009

FAIRWINDS RESIDENTIAL TREATMENT CENTER
1555 S. FORT HARRISON AVENUE
CLEARWATER, FL 33756

Subject: **FAIRWINDS RESIDENTIAL TREATMENT CENTER**

REGISTRATION NUMBER: **G09009900166**

This will acknowledge the filing of the above fictitious name registration which was registered on January 9, 2009. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section
Division of Corporations

Letter No. 709A00001780

State of Florida



Department of State

I certify from the records of this office that FAIRWINDS TREATMENT CENTER is a Fictitious Name registered with the Department of State on January 9, 2009.

The Registration Number of this Fictitious Name is G09009900165.

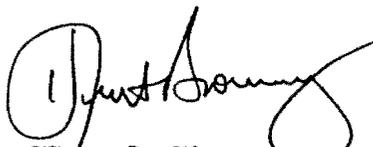
I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Sixteenth day of January, 2009



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State

State of Florida



Department of State

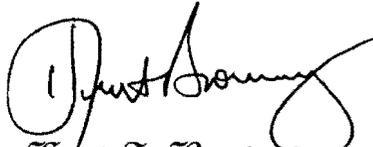
I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of FAIRWINDS TREATMENT CENTER, registered with the Department of State on January 9, 2009, as shown by the records of this office.

The Registration Number of this Fictitious Name is G09009900165.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Sixteenth day of January, 2009



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2009

FAIRWINDS TREATMENT CENTER
1555 S. FORT HARRISON AVENUE
CLEARWATER, FL 33756

Subject: **FAIRWINDS TREATMENT CENTER**

REGISTRATION NUMBER: **G09009900165**

This will acknowledge the filing of the above fictitious name registration which was registered on January 9, 2009. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section
Division of Corporations

Letter No. 809A00001779

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED
09 JAN -9 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section 1

1. Fairwinds Treatment Center
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
1555 S. Fort Harrison Avenue
Mailing Address of Business
Clearwater, FL 33756
City State Zip Code
3. Florida County of principal place of business: Pinellas

(see instructions if more than one county)

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. _____ Last First M.I. _____ Address _____ City State Zip Code	2. _____ Last First M.I. _____ Address _____ City State Zip Code
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B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. <u>Fairwinds Properties, Inc.</u> Entity Name <u>1555 S. Fort Harrison Avenue</u> Address <u>Clearwater, FL 33756</u> City State Zip Code Florida Registration Number <u>J62385</u> FEI Number: <u>592811797</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
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Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Fairwinds Properties, Inc.
By: [Signature] 12-24-08
Signature of Owner Date
M. Khaled El-Yousef, President
Phone Number: 727-449-0300

GD9009900165
01/09/09--01040--003 **30.00

Signature of Owner Date
Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date

Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50

CC 1/16

