

<b>REQUEST TO ESTABLISH DOCKET</b> (Please type or print. File original with CLK.)		
<b>Date:</b>	5/4/2021	
<b>1. From Division / Staff:</b>	Division Of Economic Services/Galloway	
<b>2. OPR:</b>	Andrew Kunkler/ ECO	
<b>3. OCR:</b>	GCL	
<b>4. Suggested Docket Title:</b>	Compliance investigation of STS Certificate No. 3574, issued to Bayfront Health System, Inc., for apparent first-time violation of Rule 25-4.0161, FAC, RAFs; <u>Telecommunications Companies.</u>	
<b>5. Program/Module/Submodule Assignment:</b>	A18a, A10	
<b>6. Suggested Docket Mailing List</b>		
<b>a. Provide NAMES/ACRONYMS, if registered company</b>		<input type="checkbox"/> Provided as an Attachment
<b>Company Code, if applicable:</b>	<b>Parties (include address, if different from MCD):</b>	<b>Representatives (name and address):</b>
TS156		
<b>b. Provide COMPLETE NAME AND ADDRESS for all others (match representatives to companies)</b>		
<b>Company Code, if applicable:</b>	<b>Interested persons, if any, (include address, if different from MCD):</b>	<b>Representatives (name and address):</b>
<b>7. Check one:</b>	<input checked="" type="checkbox"/> Supporting documentation attached	<input type="checkbox"/> To be provided with Recommendation
<b>Comments:</b>		

RECEIVED-FPSC  
 2021 MAY -4 PM 12:30  
 COMMISSION CLERK

COMMISSIONERS:  
GARY F. CLARK, CHAIRMAN  
ART GRAHAM  
JULIE IMANUEL BROWN  
ANDREW G. FAY  
MIKE LA ROSA

STATE OF FLORIDA



OFFICE OF THE GENERAL COUNSEL  
KEITH C. HETRICK  
GENERAL COUNSEL  
(850) 413-6199

# Public Service Commission

February 22, 2021

TS156-20-T-0-D  
Bayfront Health System, Inc.  
701 6th Street South  
St. Petersburg, FL 33701-4814

Dear Certificate Holder:

The Division of Administrative Services has forwarded your account to our office to address the nonpayment of the Regulatory Assessment Fees (RAFs) required by Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code (F.A.C.), for the year 2020, which was due **February 1, 2021**. The RAF return form was mailed to you on **December 15, 2020**, and to date, Commission records reflect that payment has not been received.

**Utilities are charged with knowledge of our rules and statutes. According to Florida Law, you are required to add interest charges at 12% per annum, and a 5% penalty for each 30-day period or fraction thereof, beyond the due date, up to a maximum of 25% in addition to the delinquent amount due.** In addition, pursuant to Section 364.285, Florida Statutes, the Commission is authorized to impose upon any entity subject to its jurisdiction a penalty of not more than \$25,000 for each offense, if such entity is found to have refused to comply with or to have willfully violated any lawful rule or order of the Commission, or any provision of Chapter 364.

**If payment is not postmarked within 15 calendar days of receipt of this notice, as evidenced by the certified mail receipt, Rule 25-4.0161, F.A.C., automatically imposes a penalty of \$500, \$1,000, or \$2,000,** in addition to the interest and penalty listed in the preceding paragraph. The penalty is based on the number of prior dockets against a company for violation of the RAF rule. For one prior docket, it automatically will be assessed a \$1,000 penalty and for two, a \$2,000 penalty. For a third docket, staff will submit a recommendation to the Commission seeking cancellation of the company's certificate and removal from the register.

If you wish to request another form, please contact Andrea Mick at the number below. The payment should be identified with the company code and the company's name. Failure to provide payment within **15 days of this notice** will result in the establishment of a docket to address your failure to return the RAFs form and pay RAFs in accordance with Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code. As specified above, pursuant to Section 364.285, Florida Statutes, the Commission may impose a fine for failure to comply. Therefore, it is important that you address this matter now. If you have paid your fees, please provide us with your check number and the date that it was paid.

Should you have any questions concerning this letter please contact **Andrea Mick** at **(850) 413-6402** or via Internet e-mail at **AMick@psc.state.fl.us**.

Sincerely,

A handwritten signature in black ink that reads "Keith C. Hetrick".

Keith C. Hetrick  
General Counsel

cc: Fiscal Services Section

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

TS156-20-T-0-D  
Bayfront Health System, Inc.  
701 6th Street South  
St. Petersburg, FL 33701-4814



9590 9402 3610 7305 9080 31

2. Article Number (Transfer from service label)

7017 2400 0000 8928 5144

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *[Handwritten Signature]*  Addressee

B. Received by (Printed Name) *[Handwritten Signature]* C. Date of Delivery *2-20*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery
  - Mail Restricted Delivery

Florida Public Service Commission

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

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return  
 Estimated Return  
 Amended Return

TS156-20-T-0-R  
 Bayfront Health System, Inc.  
 701 6th Street South  
 St. Petersburg, FL 33701-4814

**PERIOD COVERED:**  
 1/1/2020 TO 12/31/2020

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ _____	\$ _____
2.	Network Access Revenues	_____	_____
3.	Long Distance Network Services Revenues	_____	_____
4.	Miscellaneous Revenues	_____	_____
5.	<b>TOTAL REVENUES</b>	\$ _____	\$ _____
6.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup>		_____
7.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ _____
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) <sup>(2)</sup>		_____
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
11.	Extension Payment Fee (see "4. Extension " on back)		_____
12.	<b>TOTAL AMOUNT DUE</b> (Add lines 8 through 11)		\$ _____

(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 \$600 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 of Company Official) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)  
 \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ Fax Number ( )  
**(Preparer of Form - Please Print Name)**  
 F.E.I. No. \_\_\_\_\_

**FLORIDA PUBLIC SERVICE COMMISSION**  
Instructions For Filing Regulatory Assessment Fee Return  
(Telecommunications Company)

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1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return is required twice a year and payment must be filed or postmarked:

*On or before July 30* for the six-month period January 1 through June 30, and  
*On or before January 30* for the six-month period July 1 through December 31.

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before January 30* for the prior twelve-month period January 1 through December 31.

However, when July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee Return may be filed or postmarked on the next business day, without penalty or interest.

2. **FEES:** Each company shall pay 0.0016 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts.

On Line 6, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 9). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 10). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

*When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.*

4. **EXTENSION:** A company, for good cause shown in a written request, may be granted up to a 30-day extension. A request must be made by filing the enclosed *Regulatory Assessment Fee Extension Request* form (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 11):

0.75% of the fee to be remitted for an extension of 15 days or less, *or*  
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues by checking the "Estimated Return" space in the top left-hand corner on the reverse side. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the enclosed envelope, please address your remittance as follows:

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850  
  
ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Office of Industry Development & Market Analysis at (850) 413-7160. This office may be contacted at the above-referenced address, directing correspondence to the attention of the office.

# REGULATORY ASSESSMENT FEE

[Logout](#)

Welcome

RAF MCD This Is Production Version 1

[Assignment List](#) | [Assigned List](#) | [File For Review](#) | [Review Complete](#) | [Denied/Closed](#) | [Search](#) | [RAF Forms](#) | [Delinquent Assignment List](#) | [Delinquent Assigned List](#) | [Delinquent Review List](#) | [Delinquent Approve List](#) | [Waive P&I](#) | [Calculator](#)

## Utility Information

This account is Delinquent.

**Utility Mailing Name:** Bayfront Health System, Inc. **Complete Name:** Bayfront Health System, Inc. **Utility Code:** TS156 [Docket](#) [Consumer](#)  
**Street1:** 701 6th Street South **Street2:**  **City:** St. Petersburg  
**State:** FL **Zip:** 33701-4814 **Phone:** (727) 893-6015  
**Federal Id:** 59-2592846 **Certificate #:** 3574 **Bankruptcy Start Date:**  **Bankruptcy End Date:**  **BType:**   
**Utility Status Code:** REGULATED **Utility Status Date:** 8/11/1994 **WriteOff Type:**

## RAF Account Information

**Raf Periods:** 1/1/2020 - 12/31/2020    
**RAF Period Covered:** 1/1/2020 - 12/31/2020  
**Service:** STS  
**Current RAF Status:** Interest & Penalty updated by nightly job  
**Raf Transactions:**   
**Operating Revenue:** 0.00  
**Gross Interstate Revenue:** 0.00  
**RAF Rate:** 0.0016  
**RAF Due Date:** 2/1/2021

Correspondence Suspended  Show Cause  
 On Payment Plan  Utility Request Close  
 Confidential  Raf Form Withdrawn  Audited  
 Send Collection **Collection Date:**   Collection Withdrawn  
 RAF Form Received  Actual  Estimated  
 Amended Return  Don't calculate Penalty  Don't calculate Interest  
 RAF Account Satisfied

## All Comments:

Interest and Penalty adjusted by nightly job---DBO---5/3/2021 12:01:01 AM  
 Interest and Penalty adjusted by nightly job---DBO---4/3/2021 12:01:01 AM  
 Interest and Penalty adjusted by nightly job---DBO---3/4/2021 12:01:01 AM  
 Interest and Penalty adjusted by nightly job---DBO---2/2/2021 12:01:01 AM

## User Comments:

## Estimated Assessments

	Due	Paid	WriteOff	Refund	Expired Refund	Owe
RAF	600.00	0.00				600.00
Penalty	120.00	0.00				120.00
Interest	24.00	0.00				24.00
Extension	0.00	0.00				0.00
<b>Total</b>	<b>744.00</b>	<b>0.00</b>				<b>744.00</b>

==>> [RAF Documents](#)