

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

2000 P+I, 2001 RAF + P+I and 2002 RAF and P+I

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2002 TO 12/31/2002

TE244-02-0-R
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, FL 33136-1094

DEPOSIT DATE

cc: P. Isler D 363 JUL 11 2003

FOR PSC USE ONLY	
Check#	650392
\$	60.94
\$	25.21
\$	7.64
Postmark Date	7/2/03
Initials of Preparer	MC

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 70306.00
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)	\$ 70306.00
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	50.00
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	\$ 65.00

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

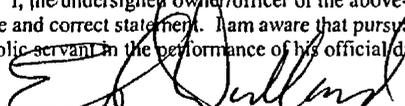
AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

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 74

* 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.


(Signature of Company Official)

VP of Tele Services 6/24/03
(Title) (Date)

(Preparer of Form - Please Print Name)

Telephone Number 305 585 7137 Fax Number 305 585 7516

F.E.I. No. _____ DOCUMENT NUMBER DATE

06028 JUL -88

FPSC-COMMISSION CLERK