

T R A N S M I T T A L

To: Paula Isler  
Fax #: 850 -413-6503  
Re: Docket No. 991132-TC  
Date: November 17, 1999  
Pages: 10

Dear Ms Isler:

In reference to the above **Docket No. 991132-TC** St. Luke's has already made necessary steps by paying the past due amount along with penalty and interest charges \$67.00, as to our telephone conversation concerning this matter. In addition to paying the past due amount, St. Luke's made a \$100.00 settlement in lieu of the \$500.00 fine normally imposed for this violation. We just received a certified notice of failing to comply.

We also would like to bring to your attention, St. Luke's Hospital should not have been fined because this fee was sent out on January 14, 1999, I am sending you a copy of the check that was sent along with some more copies. I have stop payment on check number 953152 that was sent in January, we have issue another check that were sent out on October 13, 1999 by certified mail.

We also would like to know who can help us resolve this matter?. Copies will be sent to Ms. Blanca Bayó

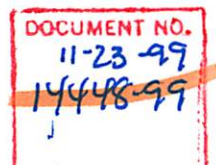
Thank you for your cooperation in this matter.

AFA \_\_\_\_\_  
APP \_\_\_\_\_  
CAF \_\_\_\_\_  
CMU \_\_\_\_\_  
CTR \_\_\_\_\_  
EAG \_\_\_\_\_  
LEG \_\_\_\_\_  
MAS \_\_\_\_\_  
OPC \_\_\_\_\_  
PAI \_\_\_\_\_  
SEC \_\_\_\_\_  
WAW \_\_\_\_\_  
OTH \_\_\_\_\_

From the desk of...

**Gloria Smith**  
Secretary  
St. Luke's Hospital  
4201 Belfort Road  
Jacksonville, FL 32216

296-3736  
Fax: 296-4275



*Mailed 1/14/99 C. Allen*

# Pay Telephone Service Provider Regulatory Assessment Fee Return

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

STATUS:

Actual Return  
 Estimated Return

TF947  
St. Luke's Hospital Association  
4201 Belfort Road  
Jacksonville, FL 32216-1431

99 NOV 23 PM 1:04  
MAIL ROOM

FOR PSC USE ONLY	
Check#	
\$	0603002
	003001
\$	P
	0603002
	004011
\$	I
Postmark Date	
Initials of Preparer	

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	\$ 1,689.00
2.	Gross Intrastate Revenue	0.00
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	( 0.00 )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$ 0.00
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	0.00
6.	Penalty for Late Payment	0.00
7.	Interest for Late Payment	0.00
8.	<b>TOTAL AMOUNT DUE</b>	\$ 50.00


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 7

\*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

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)  
  
Bob Taylor  
(Please Print Name)

Director, Plant Operations 1/14/99  
(Title) (Date)  
  
Telephone Number ( 904 ) 296-3736 Fax Number ( 904 ) 296-4275

F.E.I. No. \_\_\_\_\_

FL PUBLIC SERVICE COMMISSION  
 2540 SHUMARD OAK BOULEVARD  
 TALLAHASSEE, FL 32399-0876

**St. Luke's Hospital Association** 4201 BELFORT ROAD, JACKSONVILLE, FLORIDA 32216

INVOICE NUMBER	INVOICE DATE	P.O. NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
AOR	01/07/99		50.00	0.00	50.00
VENDOR NO. 0003933		VENDOR NAME FL PUBLIC SERVICE COMMISSION		CHECK NUMBER 953152	CHECK DATE 01/12/99
				953152	TOTAL AMOUNT 50.00

*See Payment*

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.

Date 01/12/99 **St. Luke's Hospital Association** No. 953152 <sup>63-2</sup>/<sub>630</sub>

4201 BELFORT ROAD, JACKSONVILLE, FLORIDA 32216

FIRST UNION NATIONAL BANK OF FLORIDA JACKSONVILLE, FL 32231-0010 OPERATING ACCOUNT VOID AFTER 90 DAYS

PAY **FIFTY DOLLARS AND 00 CENTS** \*\*\*\*\*

←←←←←←←←←←←←←←←← PAY ONLY **FIVE 50.00** MAY CTSCTS

\*\*\*\*\*\$50.00

*Quilley*  
 Authorized Signature

TO THE ORDER OF  
 FL PUBLIC SERVICE COMMISSION  
 2540 SHUMARD OAK BOULEVARD  
 TALLAHASSEE, FL 32399-0876

AUTHORIZED SIGNATURE

⑈953152⑈

FR:PHONE REVL

DATE	ADAMS	MAIN	2NDFLR	3RDFLR	4THFLR	5THFLR	OB	LEF
4/15/98							47.50	58.00
5/05/98						114.50	5.00	120.00
6/17/98						46.00		46.00
7/21/98				20.10	22.00	38.00	2.00	101.00
8/04/98				23.85	21.55	27.00		69.00
8/27/98	26.95	49.80	30.95	31.85	37.10	34.75		210.00
9/16/98	66.50	46.95	11.10	18.80	18.50	18.30	7.90	186.00
10/07/98	62.20	60.70	4.05	26.65	18.50	32.80		208.00
10/30/98	56.85	51.85	11.95	8.55	13.45	26.05		205.00
11/19/98	81.75	45.05	13.55	20.15	20.45	12.70	9.80	283.00
12/15/98	50.30	40.90	15.00	15.50	29.10	21.45		183.00
12/31/98	41.80	24.50	13.85	14.15	15.60	15.50	4.85	125.00
<b>Total</b>	<b>425.85</b>	<b>524.75</b>	<b>100.45</b>	<b>116.10</b>	<b>106.85</b>	<b>327.45</b>	<b>77.15</b>	<b>1,629.00</b>

*7 phones*

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

Mailed  
10-13-99

99 NOV 23 PM 1:05

MAIL ROOM

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED WITH THE FSC BEFORE 05/01/1999.  
**Pay Telephone Service Provider Regulatory Assessment Fee Return**

STATUS:

Actual Return  
Estimated Return

PERIOD COVERED:  
01/01/98 TO 12/31/98

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

TF947  
St. Luke's Hospital Association  
4201 Belfort Road  
Jacksonville, FL 32216-1431

Please Complete Below If Official Mailing Address Has Changed

FOR FSC USE ONLY	
Check#	
\$	0603002
	003001
\$	P
	0603002
\$	004011
	I
Postmark Date	
Initials of Preparer	

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 1,556.50
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	( 2,146.00 ) *see attachment*
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$( 589.50 )
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	50.00
6.	Penalty for Late Payment	12.50
7.	Interest for Late Payment	4.50
8.	TOTAL AMOUNT DUE	\$ 67.00

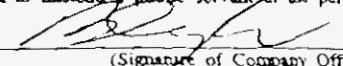
AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

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 7

\*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

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)  
Bob Taylor  
(Please Print Name)

Director, Plant Operations 10/13/99  
(Title) (Date)  
Telephone Number (904) 296-5252 902 2964275  
Fax Number ( )

F.E.I. No. \_\_\_\_\_

PAY PHONE REVENUE 1998									
DATE	ADAMS	MAIN	2ND FL	3RD FL	4TH FL	5TH FL	OB	TOTAL	DEP
04/15/98							\$47.95	\$47.95	\$38.00
05/05/98						\$114.80	\$5.00	\$119.80	\$120.00
06/17/98						\$46.00		\$46.00	\$40.00
07/21/98				\$20.10	\$22.00	\$38.00	\$2.00	\$82.10	\$101.00
08/04/98				\$23.35	\$21.55	\$27.00		\$71.90	\$69.00
08/27/98	\$26.95	\$49.80	\$30.95	\$31.85	\$37.10	\$34.75		\$211.40	\$210.00
09/16/98	\$66.50	\$46.95	\$11.10	\$18.80	\$18.50	\$18.30	\$7.90	\$188.05	\$186.00
10/07/98	\$62.20	\$60.70	\$4.05	\$26.65	\$18.50	\$32.80		\$204.90	\$208.00
10/30/98	\$86.85	\$51.85	\$11.95	\$8.55	\$13.45	\$26.05		\$198.70	\$205.00
11/19/98	\$81.75	\$45.05	\$13.55	\$20.15	\$20.45	\$12.70	\$9.80	\$203.45	\$203.00
12/15/98	\$60.30	\$40.90	\$15.00	\$15.50	\$29.10	\$21.45		\$182.25	\$183.00
TOTAL	\$384.55	\$295.25	\$86.60	\$164.95	\$180.65	\$371.85	\$72.65	\$1,556.50	\$1,563.00

State of Florida



Public Service Commission

2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

FOR YOUR INFORMATION

DATE: October 12, 1999  
TO: Gloria Smith, St. Luke's Hospital Association, (904) 296-4275-fax  
FROM: *PK* Paula Isler, (850) 413-6502-voice; 413-6503-fax; internet address is:  
pisler@psc.state.fl.us  
RE: Docket No. 991132-TC

This is a follow up to our telephone conversation concerning the past due regulatory assessment fees (RAFs), including statutory penalty and interest charges. If you want to keep your pay telephone certificate active, the company must pay the past due amount in full. According to Commission records, the 1998 RAFs have not yet been paid, which were due 2/1/99, therefore penalty and interest charges are also applicable. If the company owes the minimum amount, the total due is \$67.00 (\$50.00 RAF, \$12.50 penalty, and \$4.50 interest).

In addition to paying the past due amount, if you want to keep the certificate active, the company must make a settlement offer. In other, similar cases, the Commission has accepted a \$100 settlement in lieu of the \$500 fine normally imposed for this rule violation. The settlement letter, which must be signed by an officer of the company, needs to include the docket number, state that it has taken steps to prevent this rule violation from happening in the future, and make a specific monetary settlement. Any settlement offer should be addressed to Ms. Blanca Bayó, Director, Division of Records and Reporting, Florida Public Service Commission, at the above address.

I hope this has been responsive to your call. If you have any other questions, please let me know.

- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- GMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- MAS \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- SEC \_\_\_\_\_
- WAW \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

14448 NOV 23 88

FPSC-RECORDS/REPORTING

FLORIDA PUBLIC SERVICE  
 COMMISSION  
 2540 SHUMARD OAK BLVD  
 TALLAHASSEE, FL 32399-0850

St. Luke's Hospital Association 4201 BELFORT ROAD, JACKSONVILLE, FLORIDA 32216

INVOICE NUMBER	INVOICE DATE	P.O. NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
TELEPHONE	10/13/99		67.00	0.00	67.00
VENDOR NO.	VENDOR NAME	CHECK NUMBER	CHECK DATE	TOTAL AMOUNT	
0004674	FLORIDA PUBLIC SERVICE	119706 119706	10/13/99	67.00	

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.

Date 10/13/99

St. Luke's Hospital Association

No. 119706

93-655  
929

4201 BELFORT ROAD, JACKSONVILLE, FLORIDA 32216

US BANK  
 Havre, Montana 69401

OPERATING ACCOUNT

VOID AFTER 90 DAYS



PAY ■ SIXTY SEVEN DOLLARS AND 00 CENTS \*\*\*\*\*

\*\*\*\*\*\$67.00

*John A. ...*  
 Authorized Signature

TO THE  
 ORDER OF

FLORIDA PUBLIC SERVICE  
 COMMISSION  
 2540 SHUMARD OAK BLVD  
 TALLAHASSEE, FL 32399-0850

AUTHORIZED SIGNATURE

⑈ 119706 ⑈





**St. Luke's  
Hospital**

*A Mayo-Affiliated Hospital*

October 13, 1999

Ms. Blanca Bayó, Director  
Division of Records and Reporting  
State of Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

**RE: Docket No 991132-TC**

Dear Ms. Bayó,

St. Luke's Hospital has taken necessary steps paying in full the total amount due of \$67.00. In addition to paying the past due amount, St. Luke's Hospital has enclosed a \$100.00 settlement offer in lieu of the \$500.00 fine normally imposed for this violation to restore and keep active our Public Telephone Certificate.

We have implemented a tracking system to ensure this oversight on our part is immediately corrected and will not reoccur.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bob Taylor".

Bob Taylor  
Director, Plant Operations

BT/gls

FLORIDA PUBLIC SERVICE  
 COMMISSION  
 2540 SHUMARD OAK BLVD  
 TALLAHASSEE, FL 32399-0850

St. Luke's Hospital Association 4201 BELFORT ROAD, JACKSONVILLE, FLORIDA 32216

INVOICE NUMBER	INVOICE DATE	P.O. NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
SETTLEMENT	10/13/99		100.00	0.00	100.00

VENDOR NO.	VENDOR NAME	CHECK NUMBER	CHECK DATE	TOTAL AMOUNT
0004674	FLORIDA PUBLIC SERVICE	119705 119705	10/13/99	100.00

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.

Date 10/13/99 **St. Luke's Hospital Association** No. 119705 93-453  
929

4201 BELFORT ROAD, JACKSONVILLE, FLORIDA 32216

US BANK Havr., Montana 69401 OPERATING ACCOUNT

VOID AFTER 90 DAYS

PAY ONLY ONE HUNDRED AND 00/100 DOLLARS AND 00 CENTS

PAY ■ ONE HUNDRED DOLLARS AND 00 CENTS \*\*\*\*\*

\*\*\*\*\*\$100.00

TO THE ORDER OF  
 FLORIDA PUBLIC SERVICE  
 COMMISSION  
 2540 SHUMARD OAK BLVD  
 TALLAHASSEE, FL 32399-0850

*Paul R. ...*  
 Authorized Signature

AUTHORIZED SIGNATURE

⑈ 119705 ⑈