### REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE) Date: July 8, 1996 Docket No. 960811-11 1. Division Name/Staff Name: Communications/T. Villi 2. OPR: T.Williams 3. OCR: \_\_ 4. Suggested Docket Title: Application for certificate to provide interexchange telecommunications service by Health Liability Management Corporation. 5. Suggested Docket Mailing List (attach separate sheet if necessary) A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.

B. Provide COMPLETE name and address for all others. (Match representatives to clients.) 1. Parties and their representatives (if any) 2. Interested Persons and their representatives (if any)

6. Check one:

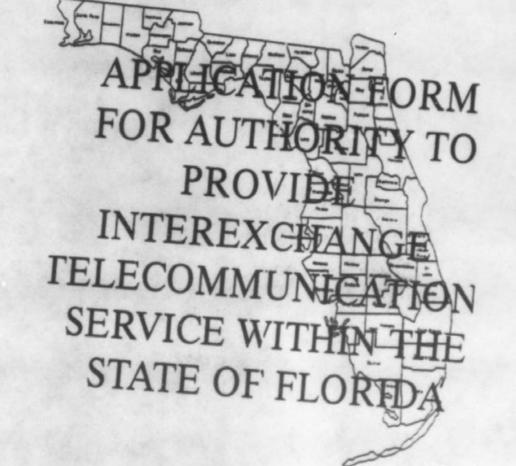
XX Documentation is attached.

\_\_\_\_\_ Documentation will be provided with the recommendation.

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FPSC-RECORDS/REPORTING



DOCUMENT NUMBER - DATE

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\*\* FLORIDA PUBLIC SERVICE COMMISSION \* DIVISION OF CONMUNICATIONS SURPAU OF SERVICE EVALUATION APPLICATION FORM AUTHORITY TO PROVIDE INTEREXCHANGE TELECOMMUNICATIONS SERVICE WITHIN THE STATE OF PLORIDA Instructions This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee B. Respond to each item requested in the application and appendices. If an item is not applicable, please Use a separate sheet for each answer which will not If you have questions about completing the form, Plorida Public Service Commission Division of Communications Bureau of Service Evaluation 2540 Shumard Oak Blvd. Gunter Building Tallahassee, Florida 32399-0850 Once completed, submit the original and six (6) copies of this form along with a non-refundable application Florida Public Service Commission Division of Administration 2540 Shumard Oak Blvd. Gunter Building Tallahassee, Florida 32399-0850 (904) 413-6251 FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473.

This is an application for (check one): (v) Original Authority (New company). ( ) Approval of Transfer (To another certificated ( ) Approval of Assignment of existing certificate (To an uncertificated company) . ( ) Approval for transfer of control (To another certificated company) . Select what type of business your company will be conducting (check all that apply): (/) Facilities based carrier - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida. (/) Operator Service Provider - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls. ( Reseller - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used. ( ) Switchless Rebiller - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic. (/) Multi-Location Discount Aggregator company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers. Then offers the resold service by enrolling unaffiliated customers. FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473.

3. Name of corporation, partnership, cooperative, joint HEALTH LIABILITY MANAGEMENT CORPORATION Name under which the applicant will do business HEALTHLIABILITY MANAGEMENT CORPCRATION National address (including street name & number, post office box, city, state and zip code). FTMYERS FLOREDA 33905 HERMOCH VIRGINIA 33905 1 110 DULLES ONE CENTER ELDEN STREE Florida address (including street name & number, post office box, city, state and zip code): FTAY ERS FLORIDA 33465 Structure of organization; ( ) Individual ) Individual
) Foreign Corporation () Foreign Partnership ( ) General Partnership ( ) Limited Partnership If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners. (a) Provide proof of compliance with the foreign limited partnership statute (Chapter 620.169 Indicate if the individual or any of the (b) partners have previously been: (1) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. (2) 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. FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473.

If incorporated, please give: (a) Proof from the Florida Secretary of State that the applicant has authority to operate in Florida. Corporate charter number: P91ccor 7 9330 (b) Name and address of the company's Florida registered agent. 1513 ? OLBOWECAD FTMYELS FLORIDA 33905 (c) Provide proof of compliance with the fictitious name statute (Chapter 865.09 FS), if applicable. Fictitious name registration number: \_ Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been: (1) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Wo (2) officer, director, partner or stockholder in any other Florida certificated telephone company. yes, give name of company and relationship. If no longer associated with company, give reason why not. No 10. Who will serve as liaison with the Commission in regard to (please give name, title, address and telephone number): DR MICHAEL WEILERT CEO (a) The application; ERSE W 20 A 0 33905 DRMICHAEL WEILERT CED 1533 POLAL M ROAD (b) Official Point of Contact for the ongoing operations of the company;

PHILIPE ERICKSON DRMICHAEL WELLERT

TO AVISECULE VARO NAPLES FUREDA 13965 (c) Tariff; DRMICHAELWEILEAT 1373 80 KBC W RCAO FTMYERS FLUREDA 35905 FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473. -4-

(d) Complaints/Inquiries from customers; 11. List the states in which the applicant: (a) Has operated as an interexchange carrier. KEN+ UCKY (b) Has applications pending to be certificated as an interexchange carrier. AREANSAS RESTUCEY FLORION AND ALL OTHER
INDIANA NEWYORK MASSACHUSETTS LSO STATES AND COTSIDE

(C) Is certificated to operate as an (TERRITURIES) interexchange carrier. KENTUCKY (d) Has been denied authority to operate as an interexchange carrier and the circumstances involved. NA. (e) Has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved. NA. (f) Has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved. NA. 12. What services will the applicant offer to other certificated telephone companies: (/) Operators. (v) Facilities. (r) Billing and Collection. (-) Sales. ( ) Maintenance. (. ) Other: 13. Do you have a marketing program? YES WITH COUMMITS) (LOS) FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473. -5-

14. Will your marketing program: (\*) Pay commissions? ( ) Offer sales franchises? ( ) Offer multi-level sales incentives? (v) Offer other sales incentives? 15. Explain any of the offers checked in question 14 (To whom, what amount, type of franchise, etc.). PAYCOMMESSIBME TO EXECUTIVES, EMPLOYEES; END - SERS MULTILEVEL SALES INCENTIVES TO ALL GORPORATIONS & EMPLOSERS 16. Who will receive the bills for your service (Check all that apply)? (~) Residential customers. (~) Business customers. (-) PATS station end-users. ( ) PATS providers. (~) Hotels & motels. (~) Hotel & motel guests. (-) Univ. dormitory residents. (-) Universities. ( ) Other: (specify)\_ 17. Please provide the following (if applicable): (a) Will the name of your company appear on the bill for your services, and if not who will the billed party contact to ask questions about the bill (provide name and phone number) and how is this information provided?

BUTH THE CHEEL SUTH SHEALTH LEASILITY MANAGEMENT COLOR

MENTILLY BILLING STATEMENTS (b) Name and address of the firm who will bill for your service. HEALTH LIABILTTY MANAGEMENT CORALL 177382 LOC WREAD FTM YER FLORIDA 3490 18. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide interexchange telecommunications service in Florida. FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473. -6A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements, including:

- the balance sheet
- income statement
- statement of retained earnings for the 3. most recent 3 years.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should affirm that the financial statements are true and correct.

- B. Managerial capability.
- C. Technical capability.
- 19. Please submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed). acc will and 3 and 4

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FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473.

-7-

20. The applicant will provide the following interexchange carrier services (Check all that apply): MTS with distance sensitive per minute rates Method of access is FGB Method of access is FGD Method of access is 800 MTS with route specific rates per minute Method of access is FGA Method of access is FGB Method of access is FGD Method of access is 800 MTS with statewide flat rates per minute (i.e. not distance sensitive) Method of access is FGA - Method of access is FGB Method of access is FGD - Method of access is 800 MTS for pay telephone service providers Block-of-time calling plan (Reach out Florida, \_\_ 800 Service (Toll free) WATS type service (Bulk or volume discount) Method of access is via dedicated facilities Method of access is via switched facilities Private Line services (Channel Services) (For ex. 1.544 mbs., DS-3, etc.) 05-1 01-2 05-3 CCS/SS 7 EFON BRL+ PZE FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473.

Travel Service Method of access is 950 Method of access is 800 ₩ 900 service U Operator Services \_\_ Available to presubscribed customers Available to non presubscribed customers (for example to patrons of hotels, students in universities, patients in hospitals. Available to inmates Services included are: \_\_\_\_ Station assistance Person to Person assistance Directory assistance
Operator verify and interrupt Conference Calling 21. What does the end user dial for each of the interexchange carrier services that were checked in services included (above). 22. 1" Other: 0+ FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473. -9-

#### \*\* APPLICANT ACKNOWLEDGEMENT STATEMENT \*\* 1. REGULATORY ASSESSMENT PEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of its gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required. GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business. SALES TAX: I understand that a seven percent sales tax must be paid on intra and interstate revenues. APPLICATION PEE: A non-refundable application fee of \$250.00 must be submitted with the application. RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Orders relating to my provision of interexchange telephone service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements ACCURACY OF APPLICATION: By my signature below, I the undersigned owner or officer of the named utility in the application, attest to the accuracy of the information contained in this application and associated attachments. I have read the foregoing and declare that to the best of my knowledge and belief, the information is a true and correct statement. 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". UTILITY OFFICIAL: Signature 04-10-96 Date CEO 441 694 0207 Telephone No. FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473.

\*\* APPENDIX A \*\*

#### CERTIFICATE TRANSFER STATEMENT

		of (NAME OF COMPANY)
(TITLE)		, and current
holder of certificate nut this application and joi transfer of the above-me	n in the petitioner's	
UTILITY OFFICIAL:	Signature	Date
	mittle	Telephone No.

\*\* APPENDIX B \*\* CUSTOMER DEPOSITS AND ADVANCE PAYMENTS A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be responded to in one of the following ways (applicant please check The applicant will not collect deposits nor will it collect payments for service more than one month in advance. The applicant will file with the Commission and maintain a surety bond in an amount equal to the current balance of deposits and advance payments in excess of one month. (Bond must accompany application.) UTILITY OFFICIAL: Du 30 96 Signature Date CEO 9416940607 Title Telephone No. FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473. -12-

\*\* APPENDIX C \*\* INTRASTATE NETWORK POP: Addresses where located, and indicate if owned or leased. AND MANAGERENTA PARTY MAIN
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AND MANAGERENTA 2) PANAMA CZ TY MAIN
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A 1) WORTH DAD GOLDEN GLADES 3100 RCA BOULE VARD LATASE 18400 NE. SAVENUE 4) ORLANDO MANGOLIA and ELLENLAL 3) PENSACOLA MARRINGTON PNIC DALE FL CLOIT SWITCHES: Address where located, by type of switch, 2. and indicate if owned or leased. 1) PARTH SASE COLORN 2) TANDAMA CITY MAIN
TANDEM CLLI CODE
COMBINED LOCALOFFICE
PALY FL MADO
MAI FL MADO
ON: 1/L REMOTE TAMOSMSE NOAD FLACOST DMS 100 ST TANDEM CLLE 0000 OF ANDTE TRANSMISSION FACILITIES: Pop-to-Pop facilities by type of facilities (microwav, fiber, copper, satellite, etc.) and indicate if owned or leased. M Lizunave, Cuffee , SATELLETE ? WHO LEASED POP-to-POP 1) POP-to-POP OWNERSHIP COSE O 141 ICSE COOF FLOX-C3 ICSE COOF LEASE THESE OFFI ... 2)0350 = 6 0002 ATET GET SHE vroi 4. ORIGINATING SERVICE: Please provide the list of exchanges where you are proposing to provide originating service within thirty (30) days after the effective date of the certificate (Appendix D). MON 904 LATA 445 WXX 835- 834.619-065-964-421. 845-211-235-235-235-235-235-234-FORM PSC/CMU 31 (3/96) 801-616 Required by Commission Rule Nos. 25-24.471 and 25-24.473. -13-

5. TRAFFIC RESTRICTIONS: Please explain how the applicant will comply with the EAEA requirements contained in Commission Rule 25-24.471 (4) (a) (copy enclosed). under all compliance of commission Rie 27-26.471 CURRENT FLORIDA INTRASTATE SERVICES: ) or has not ( / ) previously provided intrastate telecommunications in Florida. If the answer is has, Applicant has ( fully describe the following: What services have been provided and when did these services begin? b) If the services are not currently offered, when were they discontinued? UTILITY OFFICIAL: Signature 04-35-96 Date CFO 441-694-0207 Title Telephone No. FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473. -14-

\*\* APPENDIX D \*\* FLORIDA TELEPHONE EXCHANGES AND EAS ROUTES Describe the service area in which you hold yourself out to provide service by telephone company exchange. If all services listed in your tariff are not offered at all locations, so indicate. In an effort to assist you, attached is a list of major exchanges in Florida showing the small exchanges with which each has extended area service (EAS). \*\* FLORIDA EAS FOR MAJOR EXCHANGES \*\* Extended Service Area with These Exchanges PENSACOLA: Cantonment, Gulf Breeze Pace, Milton Holley-Navarre. PANAMA CITY: Lynn Haven, Panama City Beach, Youngstown-Fountain and Tyndall TALLAHASSEE: Crawfordville, Havana, Monticello, Panacea, Sopchoppy and St. Marks. JACKSONVILLE: Baldwin, Ft. George, Jacksonville Beach, Callahan, Maxville, Middleburg Orange Park, Ponte Vedra and Julington. GAINESVILLE: Alachua, Archer, Brooker, Hawthorne, High Springs, Melrose, Micanopy, Newberry and Waldo. OCALA: Belleview, Citra, Dunnellon, FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473.

Forest Lady Lake (B21), McIntosh, Oklawaha, Orange Springs, Salt Springs and Silver Springs Shores. DAYTONA BEACH: New Smyrna Beach. TAMPA: Central None East Plant City North Zephyrhills South Palmetto West Clearwater CLEARWATER: St. Petersburg, Tampa-West and Tarpon Springs. ST. PETERSBURG: Clearwater. LAKELAND: Bartow, Mulberry, Plant City, Polk City and Winter Haven. ORLANDO: Apopka, East Orange, Lake Buena Vista, Oviedo, Windermere, Winter Garden, Winter Park, Montverde, Reedy Creek, and Oviedo-Winter Springs. WINTER PARK: Apopka, East Orange, Lake Buena Vista, Orlando, Oviedo, Sanford, Windermere, Winter Garden, Oviedo-Winter Springs Reedy Creek, Geneva and Montverde. TITUSVILLE: Cocoa and Cocoa Beach. COCOA: Cocoa Beach, Eau Gallie, Melbourne and Titusville. MELBOURNE: Cocoa, Cocoa Beach, Eau Gallie and Sebastian. SARASOTA: Bradenton, Myakka and Venice. FT. MYERS: Cape Coral, Ft. Myers Beach, North Cape Coral, North Ft. Myers, Pine Island, Lehigh Acres and Sanibel-Captiva Islands. NAPLES: Marco Island and North Naples. WEST PALM BEACH: Boynton Beach and Jupiter. FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473.

POMPANO BEACH:

Boca Raton, Coral Springs, Deerfield Beach and Ft.

Lauderdale.

FT. LAUDERDALE:

Coral Springs, Deerfield Beach, Hollywood and Pompano Beach.

HOLLYWOOD:

Ft. Lauderdale and North Dade.

NORTH DADE:

Hollywood, Miami and Perrine.

MIAMI:

Homestead, North Dade and

Perrine

FORM PSC/CMU 31 (3/96)
Required by Commission Rule Nos. 25-24.471 and 25-24.473.

-17-

\*\* APPENDIX E \*\* \*\* GLOSSARY \*\* ACCESS CODE: The term denotes a uniform four or seven digit code assigned to an individual IXC. The five digit code has the form 10XXX and the seven digit code has the form 950-XXXX. BYPASS: Transmission facilities that go direct from the local exchange end user to an IXC point of presence, thus bypassing the CARRIERS CARRIER: An IXC that provides telecommunications service, mainly bulk transmission service, to other IXC only. CENTRAL OFFICE: A local operating unit by means of which connections are established between subscribers' lines and trunk or toll lines to other central offices within the same exchange or other exchanges. Each three (3) digit central office code (NXX) used shall be considered a separate central office unit. CENTRAL OFFICE CODE: The term denotes the first three digits (NXX) of the seven (7) digit telephone number assigned to a customer's telephone exchange service. COMMISSION: The Florida Public Service Commission. COMPANY, TELEPHONE COMPANY, UTILITY: These terms may be used interchangeably herein and shall mean any person, firm, partnership or corporation engaged in the business of furnishing communication service to the public under the jurisdiction of the Commission. DEDICATED FACILITY: The term denotes a transmission circuit which is permanently for the exclusive use of a customer or a pair of END USER: The term denotes any individual, partnership, association, corporation, governmental agency or any other entity which (A) obtains a common line, uses a pay telephone or obtains interstate service arrangements in the operating territory of the company or (B) subscribes to interstate services provided by an IXC or uses the services of the IXC when the IXC provides interstate FORM PSC/CMU 31 (3/96) Required by Commission Rule Nos. 25-24.471 and 25-24.473. -18EQUAL ACCESS EXCHANGE AREAS: EAEA means a geographic area, configured based on 1987 planned toll center/access tandem areas, in which local exchange companies are responsible for providing equal access to both carriers and customers of carriers in the most economically efficient manner.

EXCHANGE: The entire telephone plant and facilities used in providing telephone service to subscribers located in an exchange area. An exchange may include more than one central office unit.

EXCHANGE (SERVICE) AREA: The territory, including the base rate suburban and rural areas served by an exchange, within which local telephone service is furnished at the exchange rates applicable within that area.

EXTENDED AREA SERVICE: A type of telephone service furnished under tariff provision whereby subscribers of a given exchange or area may complete calls to, and receive messages from, one or more other contiguous exchanges without toll charges, or complete calls to one or more other exchanges without toll message charges.

FACILITIES BASED: An IXC that has its own transmission and/or switching equipment or other elements of equipment and does not rely on others to provide this service.

FOREIGN EXCHANGE SERVICES: A classification of exchange service furnished under tariff provisions whereby a subscriber may be provided telephone service from an exchange other than the one from which he would normally be served.

FEATURE GROUPS: General categories of unbundled tariffs to stipulate related services.

Feature Group A: Line side connections presently serving specialized common carriers.

Feature Group B: Trunk side connections without equal digit or code dialing.

Feature Group C: Trunk side connections presently serving AT&T-C.

Feature Group D: Equal trunk access with subscription.

FORM PSC/CMU 31 (3/96)
Required by Commission Rule Nos. 25-24.471 and 25-24.473.

-19-

INTEREXCHANGE COMPANY: means any telephone company, as defined in Section 364.02(4), F.S. (excluding Payphone Providers), which provides telecommunication service between exchange areas as those areas are described in the approved tariffs of individual local INTER-OFFICE CALL: A telephone call originating in one central exchange companies. office unit or entity but terminating in another central office unit or entity both of which are in the same designated exchange INTRA-OFFICE CALL: A telephone call originating and terminating within the same central office unit or entity. INTRASTATE COMMUNICATIONS: The term denotes any communications in Florida subject to oversight by the Florida Public Service Commission as provided by the laws of the State. INTRA-STATE TOLL MESSAGE: Those toll messages which originate and terminate within the same state. LOCAL ACCESS AND TRANSPORT AREA: LATA means the geographic area established for the administration of communications service. It encompasses designated exchanges, which are grouped to serve common social, economic and other purposes. LOCAL EXCHANGE COMPANY (LEC): Means any telephone company, as defined in Section 364.02(4), F.S., which, in addition to any other telephonic communication service, provides telecommunication service within exchange areas as those areas are described in the approved tariffs of the telephone company. OPTIONAL CALLING PLAN: An optional service furnished under tariff provisions which recognizes a need of some subscribers for extended area calling without imposing the cost on the entire body of 900 SERVICE: A service similar to 800 service, except this service is charged back to the customer based on first minute plus PIN NUMBER: A group of numbers used by a company to identify their PAY TELEPHONE SERVICE COMPANY: Means any telephone company, other than a Local Exchange Company, which provides pay telephone service as defined in Section 364.335(4), F.S. POINT OF PRESENCE (POP): Bell-coined term which designates the Required by Commission Rule Nos. 25-24.471 and 25-24.473.

actual (physical) location of an IXC's facility. Replaces some applications of the term "demarcation point."

PRIMARY SERVICE: Individual line service or party line service.

RESELLER: An IXC that does not have certain facilities but purchases telecommunications service from an IXC and then resells that service to others.

STATION: A telephone instrument consisting of a transmitter, receiver, and associated apparatus so connected as to permit sending and/or receiving telephone messages.

SUBSCRIBER, CUSTOMER: These terms may be used interchangeably herein and shall mean any person, firm, partnership, corporation, municipality, cooperative organization, or governmental agency supplied with communication service by a telephone company.

SUBSCRIBER LINE: The circuit or channel used to connect the subscriber station with the central office equipment.

SWITCHING CENTER: Location at which telephone traffig, either local or toll, is switched or connected from one circuit or line to another. A local switching center may be comprised of several central office units.

TRUNK: A communication channel between central office units or entities, or private branch exchanges.

FORM PSC/CMU 31 (3/96)
Required by Commission Rule Nos. 25-24.471 and 25-24.473.

-21-

## ATTACHMENTS::

A - CERTIFICATE TRANSFER STATEMENT

B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

C - INTRASTATE NETWORK

D - FLORIDA TELEPHONE EXCHANGES and EAS ROUTES

E - GLOSSARY

State of Florida

Gommissioners:
SUSAN F. CLARK, CHAIRMAN
J. TERRY DEASON
JULIA L. JOHNSON
DIANE K. KIESLING
JOE GARCIA



DIVISION OF COMMUNICATIONS WALTER D'HAESELEER DIRECTOR (904) 413-6600

# Public Service Commission

April 25, 1996

Dr. Michael Weilert Health Management Systems, Inc. 13738 Ox Bow Road Ft. Myers, Florida 33905

Dear Dr. Weilert:

Re: Check No. 0155, dated April 18, 1996, in amount of \$250.00

The enclosed check was received in Chairman Susan Clark's Office on April 22, 1996. There is no record of an application with the name of Health Management Systems, Inc. and this Commission does not accept utility payments. There were no instructions with the check, consequently, it is being returned to you as your address was listed as the return address on the envelope.

Sincerely,

Kathryn Dyal Lewis Regulatory Analyst

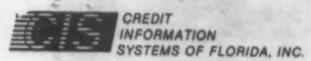
Bureau of Service Evaluation

Enclosure cc: Kay Posey, COM

c:\wp\1693

DOCUMENT NUMBER-DATE

#### MORTGAGE REPORT PREPARED FOR



6324 Trail Blvd. North Naples, Florida 33963 (813) 598-4500 INDIVIDUAL OR JOINT REPORT

PREMIER FINANCIAL GROUP SOME OF L PRADO BLVD. CAPE CORAL, FL 33904

PAGE | PRICE

TYPE REPORT (CASE OR FILE NO.) BOOT SOURCE

ACCOUNT NO.

DATE MAILED

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GENERAL INFORMATION

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**EMPLOYMENT INFORMATION** 

HEALTH LIABILITY AGENT

SELF-EMPLOYED INCOME NOT VERIFIED

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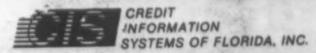
INCOME NOT VERIFIED

LANDLORD-C NORMAN, JR-PAYING \$575 MONTHLY ON TIME

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The information in this report may be provided under contract between the Department of Housing and Urban Development-Federal Housing Administration and CISI. The information is not to be divulged to anytine other than the named Department of Housing and Urban Development Organizational elements, Veterans Administration and USDA-Farmers Home Administration. Reporting firm certifies that the information meets the standards prescribed by Farmie Mae, Freddle Mac, HUD, VA, USDA-FMHA, FNMA, FHLMC and FHA. This information is confidential and not to be divulged except as required by Public Law 91-508, 93-579 94-239.

#### RESIDENTIAL MORTGAGE REPORT PREPARED FOR



6324 Trail Blvd. North Naples, Florida 33963 (813) 5984500 ABMUSHOO FOR

ACCOUNT NO. REPORT ORDERED BY DATE ORDERED

DATE MAILED

CARL 03/13/93 03/14/95

00009044

INDIVIDUAL OR JOINT REPORT

PREMIER FINANCIAL GROUP 3501 DEL PRADO BLVD. CAPE CORAL, FL 33904

. 00016666

SOURCE REPORT PREPARED BY EFX/TRH/TU

LIAS TO BRIDE

PRICE

CF

PAGE 2

GENERAL INFORMATION

and the supply and the polycus

BORROWER/NAME/ADD/SSWSTATUS

AGE 28

WETLERT, AIDA M

AGE 32

WEILERT, MICHAEL 6046 KIMBERLY TE, FT MYERS, FL 33919 RENT-1 VR

0450 COLLINS AV

RENT-2 YRS

THE TOTAL OF THE STATE THE STATE OF

NOT TO BE USED FOR CREDIT GRANTING PURPOSES

594-17-02

MOINT BEACH, FL 33141

EMPLOYMENT INFORMATION

CREDIT HISTORY

PRESENT STATUS TIMES PAST D DATE PAST DUE CREDIT GRANTOR PUBLIC RECORDS HAVE BEEN CHECKED FOR: FORT MYERS AND MIAMI BEACH. GREDIT AND PUBLIC RECORDS HAVE BEEN CHECKED FOR T AND WERE FOUND AS REOVE. CS: 1075 SN: 921010 0219 4819 \*\* - 03/14/95 - 11:40:03 -END OF REPORT THE STREET 20.00 waiting of Mary Com

The information in this report may be provided under contract between the Department of Housing and Urban Development-Federal Housing Administration and CISI. The information to be divulged to anyone other than the named Department of Housing and Urban Development Organizational elements. Veterans Administration and USDA-Familia not to be divulged to anyone other than the named Department of Housing and Urban Development Organizational elements. Veterans Administration and CISI. The information are divulged to anyone other than the named Department of Housing and Urban Development Organizational elements. Veterans Administration and CISI. The information is confidential and not to be divulged except as required by Public Law 91-508, 93-579-94-239.

05/28/96 15:58 ₩813 888 5721 05/28/98- 18:44 2340200 8814 Allenaassoc-TPA Allenanssoc. Of

2001/001

HEALTH LIABILITY MGT CORP ADDRESS: 1137 HILLTOP DR CITY: NAPLUS PHONE NUMBER: 813 252-8002 DUNG #: 82-613-7970

STATE: PL ZIP CODE: 33940

Page 1 CONTROL DATE: 1993 STATE INCORP: FL

COUNTY: COLLIER SALZS: 1986, 788, 888

EMP. TOTAL: 0

LINE OF BUSINESS: TELEPHONE COMMUNICATIONS ALL SIC'S: 48130101

IMPORT EXPORT: NEITHER PUBLIC IND: PRIVATE

ORGANIZATION: SINGLE ENTITY

SUBSIDIARY IND: NOT AVAILABLE PARENT COMPANY;

PARENT DUNG:

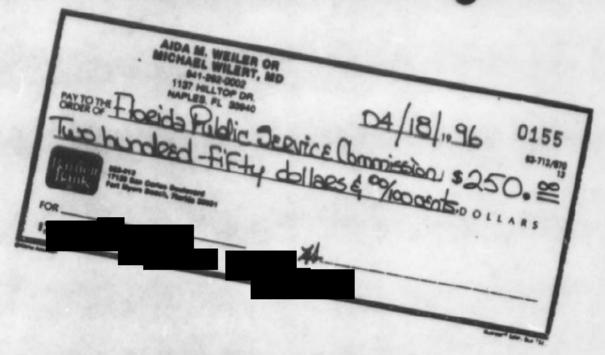
OFFICERS: MICHAEL SHAW, PRES (D); BONNIE WAGGNER, TREAS (D); FREDERICK S. HARB, SEC (D); MICHAEL WEILERT MD, PRINCIPAL (D); Michael Shaw, Sonnie Wagoner, and Frederick S. Harb.

MICHAEL SHALL YEAR OF BIRTH: 0000 1986-present also active as an officer here. 1965 -present has been active as an insurance broker for John Hancock Insurance, Sarasota, FL. On Jun 18 1994, the personnel department at John Hancock Insurance, Garasota, I'L indicated Michael Shaw, principal, was from Oct 01 1990-May 15 1992 as a marketing rep. employed BANK:

BONNIE WAGONER YEAR OF DIRTH: 9000 Antecedents are undetermined. ACCOUNTANT:

5-28-96 TO: RHONDA, TAMPA -05 FR: RESEARCH

RE: ATTACHED.



DR. Michael Weilset.

Health Momt. Systems, Ind.

13738 Oxbow Road

Ft. Myers, FL 33905 325

Attn: Susan F. Clark.
Florida Public Service Commission. USA 1:
Fletcher Building
Tallahassee, FL 32399-0850

lastinolate officialist colored to the Warrell

07209 JUL -8 #

FREC-SECORDS/REPORTING

HEALTH LIABILITY MANAGEMENT CORPORATIONFLORIDA PUBLIC BALANCE SHEET - BASED ON ESTIMATES APRIL 30, 1996 SERVICE COMMISSION ASSETS

96 JUL -1 AM 10: 57

116,925

16,600

7,315,200

32,582

76,817 9,677

MAILROOM

CURRENT ASSETS:

CASH

ACCOUNTS RECEIVABLE NET OF USAGE FEES MAINTENANCE AND BILLING FEES

NOTES RECEIVABLE

TOTAL CURRENT ASSETS

PROPERTY, PLANT AND EQUIPTMENT:

COMPUTERS & EQUIPMENT

FURNITURE AND FIXTURES

LEASEHOLD IMPORVEMENTS

PROPERTY, PLANT AND EQUIPMENT TOTAL ASSETS

119,076

7,448,725

7,567,801 -----

LIABILITIES AND EQUITY:

CURRENT ASSETS: ACCOUNTS PAYABLE ACCRUED COMPENSATION

SHAREHOLDER LOANS

STOCKHOLDERS' EQUITY: COMMON STOCK

RETAINED EARNINGS

TOTAL STOCKHOLDERS' EQUITY

TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY

93,525 1,560,973

237,000 5,769,828

4,408 1,463,040

6,006,828

7,567,801 -----

CHAEL WEILERT, CEO

PHILIP A. ERICKSON, CFO

06/25/96

HEALTH LIABILITY MANAGEMENT CORPORATION STATEMENT OF INCOME - BASED ON ESTIMATES JANUARY 1, 1996 - APRIL 30, 1996 INCOME APRIL 12 - APRIL 30 (ESTIMATED): LINES ORDERED GROSS PROFIT PER LINE AFTER USAGE FEES, 30,480,000 MAINTENANCE AND BILLING CHARGES GROSS PROFIT \$ 0.40 % OF MONTH OPERATING (18/30 DAYS) 12,192,000 GROSS PROFIT 60.00% OPERATING EXPENSES: 7,315,200 SALARIES AND BURDEN OFFICE EXPENSE NEWS AND SUBSCRIPTIONS 1,463,040 INSURANCE LEGAL FEES 3,500 LICENSES 5,124 OFFICE EXPENSES 678 1,500 OTHER 9,055 POSTAGE 5,000 PROFESSIONAL FEES - OTHER 5,000 REPAIRS - EQUIIPMENT 698 25,815 TELEPHONE 11,767 TRAVEL 2,788 UTILTIIES 7,351 3,867 TOTAL EXPENSES 189 NET INCOME BEFORE INCOME TAXES 1,545,372 INCOME TAXES 5,769,828 NET INCOME 0 5,769,828 ----

PUBLIC SERVICE COMM, OF ADMINISTRATION OIV. OF ADMINISTRATION OUT IF CHECKED

TO:11 HA 15 HUL 39