

**FILED**

APR 13 2005

Missouri Public  
Service Commission

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**Full Company Name** (Do not abbreviate, yet include any Commission approved  
AKA/DBA/Fictitious Name, if applicable.)

**SHARED TENANT SERVICES CARRIER**

**ANNUAL REPORT**

**TO THE**

**MISSOURI PUBLIC SERVICE COMMISSION**

**For Year Ending December 31, 2004**

STS Annual Report of St. John's Regional Medical Center

for year ending December 31, 2004

1. State in full the exact 'certificated' name of the Shared Tenant Services Carrier:  
(Do not abbreviate; yet include any Commission approved AKA/DBA/Fictitious Name, if applicable.)

St. Johns Regional Medical Center

2. Effective date of certification by the MO Public Service Commission and associated case number:

Date (e.g. 00/00/0000): 9-1-1998 Case No: TA-98-121

3. Was the company certificated in Missouri under any other name(s)? If yes, please provide all names and time periods involved since the original certification:

No

4. This Shared Tenant Services Carrier is a (Check box with an X) and if different than certificated name listed above (e.g. parent corporation name) or if 'Other' is identified,

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Corporation

Partnership

Sole Proprietorship

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

LLC

LP

Other - Explanation

5. Under the laws of which state is the telephone company organized:

Missouri

6. State the name, title, street address, telephone number, fax number, and e-mail address\* of the individual completing/verifying this Annual Report:

Russ Silks - Telecommunications Director P 417-625-2966

St. John's F 417-625-2908

2727 McClelland Blvd

email - RSilks@stj.com

Joplin, Mo. 64804

(\*) To facilitate electronic sending of the Annual Report form next year.

7. State the name, title, street address, telephone number, fax number, and e-mail address of the company's regulatory contact person(s):

Tane Oberst - Director Contract Services

P 417-625-2214

St. John's

F 417-659-6910

2727 McClelland Blvd

Joplin, Mo. 64804

email - jobert@stj.com

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8. Please provide a listing of all mergers, consolidations, and reorganizations, completed during the last year.

None

9. Please provide the following information concerning Total Company and gross intrastate operating revenues (i.e., Missouri Specific) Revenues for the Calendar Year

Revenues: 213,088,000

Total Company MO Specific

Operating Revenues\* from Telecommunication Services

2242

2242

MO Specific should match Statement of Revenue  
(MoPSC Assessment)

\* Missouri Revised Statutes §386.020(53)

(53) "Telecommunications service", the transmission of information by wire, radio, optical cable, electronic impulses, or other similar means. As used in this definition, "information" means knowledge or intelligence represented by any form of writing, signs, signals, pictures, sounds, or any other symbols. Telecommunications service does not include:

(a) The rent, sale, lease, or exchange for other value received of customer premises equipment except for customer premises equipment owned by a telephone company certificated or otherwise authorized to provide telephone service prior to September 28, 1987, and provided under tariff or in inventory on January 1, 1983, which must be detariffed no later than December 31, 1987, and thereafter the provision of which shall not be a telecommunications service, and except for customer premises equipment owned or provided by a telecommunications company and used for answering 911 or emergency calls;

(b) Answering services and paging services;

(c) The offering of radio communication services and facilities when such services and facilities are provided under a license granted by the Federal Communications Commission under the commercial mobile radio services rules and regulations;

(d) Services provided by a hospital, hotel, motel, or other similar business whose principal service is the provision of temporary lodging through the owning or operating of message switching or billing equipment solely for the purpose of providing at a charge telecommunications services to its temporary patients or guests;

(e) Services provided by a private telecommunications system;

(f) Cable television service;

(g) The installation and maintenance of inside wire within a customer's premises;

(h) Electronic publishing services; or

(i) Services provided pursuant to a broadcast radio or television license issued by the Federal Communications Commission;

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St. John's Regional

for year ending December 31, 2004

10. Please provide the following information for each shared tenant service location:

Name of Location:

St. John's Medical Offices Building

Location Description:

2817 McClelland Blvd

Full Address:

Joplin, Missouri 64804

Local Phone Company:

SBC

Operator Services Provider:

N/A

Number of Stations:

37

Is STS Offered in Multiple Buildings?  
(Yes/No):

No

Name of Location:

Location Description:

Full Address:

Local Phone Company:

Operator Services Provider:

Number of Stations:

Is STS Offered in Multiple Buildings?  
(Yes/No):

Name of Location:

Location Description:

Full Address:

Local Phone Company:

Operator Services Provider:

Number of Stations:

Is STS Offered in Multiple Buildings?  
(Yes/No):

**Submitting this Annual Report is an "option" through EFIS.**

A registered official company representative is authorized to utilize this option, type in necessary information below, including the Notary's information (pursuant to Sections 432.200 and 432.295). After submitting the Annual Report through EFIS, you will receive a BMAR (confirmation) number. Indicate that BMAR number on the original and retain for your records.

STS Annual Report of St. John's Regional Medical Center  
for the year ending December 31, 2004

**VERIFICATION**

The foregoing report must be verified by the oath of the President, Treasurer, General Manager or Receiver of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken

**OATH**

State Of Missouri  
County Of Jasper } ss:

Augusto A. Noronha makes oath and says that  
(Insert here the name of the affiant)

s/he is Treasurer  
(Insert here the official title of the affiant)

of St. John's Regional Medical Center  
(Insert here the exact legal title or name of the respondent)

that s/he has examined the foregoing report; that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent.

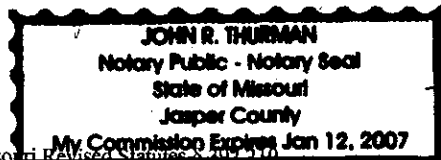
January, 2004, to and including December, 2004

Russ W. Sills  
(Signature of affiant)

Subscribed and sworn before me, a Public Notary Joplin Missouri in and for the

State and county above named, this 12th day of April, 2005

My Commission expires 12 Jan 2007



John R. Thurman  
Signature of officer authorized to administer oaths

Original in its entirety must be mailed (if not utilizing EFIS) to:  
Manager of the Data Center  
MoPSC, 200 Madison Street, Suite 100  
Jefferson City, MO 65101 (P.O. Box 360, 65102-0360)