

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02240
Status Code: 2
Fee Category: 7C 2B
Exp. Date: 20050131
Fee Comments: CODE 23
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: LAKELAND MEDICAL CENTER, ST. JOSEPH
Received Date: 20041229
Docket No: 3002049
Control No.: 314043
License No.: 21-04177-01
Action Type: Renewal

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed D.A. Hersey
Date 1-20-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____