## **VOID SHEET**

License Fee Management Branch

TO:

FROM: Region 3 SUBJECT: VOIDED	APPLICATION			
Control number:	314193			
Applicant:	CARDIOLOG	Y CONSULTANTS, P.0	<b>&gt;</b> .	
License Number:	21-24901	-01		
Docket Number:	030-2983	38		
Date Voided:	April 13, 2005	5		
Reason for Void:	CARE 1 LICENS CONTA	TO ADD DRS. RAIN, SEE LISTED IS CAR, CTED THE RSO (MOLOGY CONSULTANOTHING ABOUT A PRIMARY CONSULTANT (JAMES BOIN THE ABOVE, CONSULTANT (JAMES BOIN THE ABOVE, CONSULTANT)	OTTI) AND LEFT A MESSAGE THIS APPEARS TO BE THE O VOID- RSO STATED THAT DD DRS. RAINA AND SABA / E.	T SHE NS. I NAS IE
		W.P. Rescusso VO. &. Doichhold		
		Signature	Date	
Attachment: Official Record Copy of Voided Action				
FOR LFMB USE ONLY				
Refund Autho	orized and proce	essed		
No Refund D	ue			
Fee Exempt (	or Fee Not Req	uired		
Comments		Log co	ompleted	
		Proces	sed by:	