

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - COLLEEN CASEY

SUBJECT: VOIDED APPLICATION

Control Number: 313961

Applicant: Radiology Associates, P.C.

License Number: 21-16754-01

Docket Number: 030-11590

Date Voided: 3/9/05

Reason for Void: The requested change has already been made to the license by another reviewer.

Colleen Carol Casey 3/9/05
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

- Refund Authorized and processed
- No Refund Due
- Fee Exempt or Fee Not Required

Comments: _____

Log completed _____
Processed by: _____