

FEE INFORMATION

Log Page: May 1 (Region III)

Mail Control: 314349

Company Name: Advanced Cardiology, PLLC

License Number: NEW

Check Number: 1050

Amount Received: \$2,100.00

Amount Due: \$1,900.00

Refund Amount: \$200

Fee Category: 7C

Type of fee: Application

Date Received: 5/10/05

Date Completed: 5/10/05

Completed by: Brenda Brown