

**VOID SHEET**

TO: License Fee Management Branch

FROM: Region 3

SUBJECT: VOIDED APPLICATION

Control number: 314202

Applicant: DIAGNOSTIC IMAGING CENTERS, P.A.

License Number: 24-20047-01

Docket Number: 030-17683

Date Voided: May 2, 2005

Reason for Void: THE LICENSEE FAILED TO SUBMIT SUFFICIENT INFORMATION TO ADD A PHYSICIAN USER. THE LICENSEE NEEDS TO SUBMIT INFORMATION ON THE RECENTNESS OF TRAINING AND EXPERIENCE AS DESCRIBED IN 10 CFR 35.59. THE LICENSEE MAY RESUBMIT REQUEST USING CONTROL 314202.

*W. P. Reichhold*  
*W. P. Reichhold*                      May 2, 2005  
\_\_\_\_\_  
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: \_\_\_\_\_