

TO: License Fee Management Branch

FROM: RIII - Colleen Casey

SUBJECT: VOIDED APPLICATION

Control Number: 314529

Applicant: Physician Coverage Services, P.C.

License Number: 21-32382-01

Docket Number: 030-35967

Date Voided: 9-6-05

Reason for Void: The licensee was unable to complete the application prior to due date, after two rounds of deficiency correspondence. Re-activate upon receipt of response.

Colleen Carol Casey 9/6/05
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: _____