

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Reqd: _____
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: CARDIAC CARE CONSULTANTS, P.C.
Received Date: 20050719
Docket No: 3036996
Control No.: 314657
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$1900.00
Check No.: 2725

3. COMMENTS

Signed D.A. Hersey
Date 8-11-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered *if*)

1. Fee Category and Amount: _____

See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

1,900.00

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Sept 1 (Region III)

Mail control: 314657

Company Name: Cardiac Care Consultants, PC

License: New

Check Number: 2725

Amount Received: \$1,900.00

Fee Category: 7C

Type of fee: Application

Date Completed: 9/2/05

Completed by: Brenda Brown