

(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: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MILLENNIUM MEDICAL GROUP SOUTH, P.C
Received Date: 20050726
Docket No.: 3036999
Control No.: 314686
License No.:
Action Type: New Licensee

1900.00

2. FEE ATTACHED

Amount: \$1900.00
Check No.: 7024

3. COMMENTS

Signed D.A. Hersey
Date 8-16-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / - /)

1. Fee Category and Amount: _____

See attached fee sheet

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

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Sept 2 (Region III)

Mail control: 314686

Company Name: Millennium Medical Group South, P.C.

License Number: New

Check Numbers: 1024 + / 1064

Amount Received: \$1,900.00 + / \$200.00

Fee Category: 7C

Type of fee: Application

Date Completed: 10/3/05

Completed by: Brenda Brown