

(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 Req'd: _____

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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HEART AND WELLNESS INSTITUTE, P.C.
Received Date: 20070511
Docket No: 3037471
Control No.: 316242
License No.:
Action Type: New Licensee

2. FEE ATTACHED

Amount: 2,300.00
Check No.: 6

3. COMMENTS

Signed
Date

M. Buchholz
5-14-07

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: May 2 (Region III)

Mail control: 316242

Company name: Heart & Wellness Institute, P.C.

License number: NEW

Type of fee: Application

Fee category: 7C

Check number 6

Amount received: \$2,300.00

Date completed: 05/23/07

Completed by: Benda Brown