

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C EX 2B
: Exp. Date: 20150228
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: LAKELAND MEDICAL CENTER, ST. JOSEPH
Received Date: 20070521
Docket No: 3002049
Control No.: 316263
License No.: 21-04177-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.:

3. COMMENTS

Signed *R. J. Bernardino*
Date 5-23-07

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_1)

1. Fee Category and Amount: _____

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

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____