

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - _____

SUBJECT: VOIDED APPLICATION

Control Number: 316385

Applicant: Michigan Southern Medicine & Cardiology Associates

License Number: 21-32376-01

Docket Number: 030-35953

Date Voided: 9-28-07

Reason for Void: The requested change in mailing address of license was accomplished in recent Amendment No. 01, issued June 20, 2007. Note No. 121 to remain in mailing address.

Loren Hunter 9-28-07
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: _____