

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316425

Applicant: Forest Park Hospital

License Number: 24-00752-01

Docket Number: 030-02282

Date Voided: 10/30/07

Reason for Void: Licensee needs time to re-apply for RSO change correctly + prepare deficiency response. Re-activate upon receipt of written response. Licensee agreed to void.

Colleen Carol Casey Signature 10/30/07 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: \_\_\_\_\_

\_\_\_\_\_