VOID SHEET

TO: License Fee Management Branch

FROM: RIII - **James R. Mullauer**

SUBJECT: VOIDED APPLICATION

Control Number: **316621**

Applicant: **Cardiology Specialists, P.C.**

License Number: **24-32650-01**

Docket Number: **030-37446**

Date Voided: **1/3/08**

Reason for Void: **The reviewer spoke to Mary Beth Dieckmann, Director of Development, on several occasions, the last being on 1/3/08, and stated that the required information needed to add Dr. Polizzi to the license would not be available for several more weeks. Mary Beth will resubmit the needed information in a new amendment request when the information is available. Mary Beth was informed that this request is voided and she agreed to this solution. A letter is being sent to the licensee stating the same.**

Signature 1/3/08 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:_____