

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316667

Applicant: Patients First Health Care LLC

License Number: 24-32304-01

Docket Number: 030-35650

Date Voided: Feb. 1, 2008

Reason for Void: The application was incomplete and attempts to reach licensee to discuss deficiencies were unsuccessful. Re-voided upon receipt of written response.

Colleen Carol Casey 2/1/08
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: _____