

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 316909

Applicant: Methodist Hospital of Cary, Inc.

License Number: 13-16558-01

Docket Number: 030-11234

Date Voided: 5/8/08

Reason for Void: Action was re-assigned to me on 5/8/08, due on 5/22/08; review revealed deficiencies that will take time for licensee to resolve; deficiencies transmitted via fax on 5/8/08. Re-activate upon receipt of written response.

Colleen Carol Casey 5/8/08
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: _____
