

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 317106

Applicant: DMC/SINAI-GRACE HOSPITAL

License Number: 21-00299-04

Docket Number: 030-01992

Date Voided: 7/24/08

Reason for Void: Nothing in request could be issued and deficiencies transmitted were largely repetitive. Re activate upon receipt of written response.

Colleen Carol Casey 7/24/08  
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: \_\_\_\_\_