

Void Sheet

TO: License Fee Management Branch
FROM: Region 3
SUBJECT: VOIDED APPLICATION

Control Number: 317348

Applicant: Medical Center Cardiologists PSC

License Number: 16-32540-01

Docket Number: 030-36683

Date Voided: September 19, 2008

Reason for Void: :Insufficient information to complete amendment. Enclosures that were to accompany request are not included, also need additional information regarding agreement of ownership change.

W.P. REICHHOLD
W.P. Reichhold **September 19, 2008**

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: _____