Void Sheet

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

Control Number: 317529

Applicant: Gateway Cardiology, P.C.

License Number: 24-32202-01

Docket Number: 030-35167

Date Voided: November 20, 2008

Reason for Void: This amendment request to change address has already been completed in Amendment 7. VOID REQUEST.

W.P. Reichhold November 20, 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: _____