

**Void Sheet**

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

Control Number: 317842

Applicant: Anthoy Pearson, M.D.

License Number: 24-32734-01

Docket Number: 030-37916

Date Voided: March 17, 2009

Reason for Void: The applicant failed to sign their application (needs to identify signature), did not follow new medical regulatory guide, and failed to complete the 313 forms for RSO (need preceptor). Too many deficiencies, needs to resubmit.



*W.P. Reichhold*

March 17, 2009

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: \_\_\_\_\_