

Void Sheet

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

Control Number: 318082

Applicant: St. Luke's Hospital

License Number: 24-01570-03

Docket Number: 03002305

Date Voided: April 28, 2009

Reason for Void: This request was logged in under the wrong licensee. The request was additional information to VOIDED CONTROL 317842. The information in this request was returned to the processing department to be logged in as additional information for a new license for Dr. Anthony Pearson.

W. P. REICHHOLD
W.P. Reichhold **April 28, 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: _____