

**Void Sheet**

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

Control Number: 573075


Applicant: St. Vincent Hosp. & Health Care Center

License Number: 13-00133-02

Docket Number: 030-01579

Date Voided: August 20, 2010

Reason for Void: This action is a duplicate of control 573058.- OK to void this action.

  
W.P. Reichhold August 20, 2010 \_\_\_\_\_  
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: \_\_\_\_\_