

Void Sheet

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

Control Number: 573449

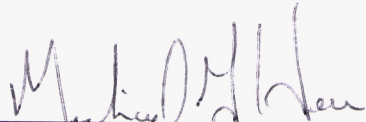
Applicant: Rush Medical Arts Group

License Number: ~~13-32458-01~~ 13.32485.01

Docket Number: ~~030-336467~~

Date Voided: 11/1/01

Reason for Void: Insufficient information provided to terminate license. Deficiency letter sent to licensee. Will reactivate upon written response



Signature

11-1-10

Date

Attachment:
Official Record Copy of
Voided Action



11-10-10

FOR LFMB USE ONLY

_____ Refund Authorized and processed

_____ No Refund Due

_____ Fee Exempt or Fee Not Required

Comments _____ Log Completed _____

Processed by: _____