

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 573 934

Applicant: Central Missouri Cardiology, P.C.

License Number: 24-32441-01

Docket Number: 030-36211

Date Voided: 2/14/11

Reason for Void: The application was too deficient to completely process. A deficiency letter has been sent. Re-activate upon receipt of written response.

Colleen Carol Casey 2/14/11
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: _____