

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 575218

Applicant: Lee Memorial Hospital

License Number: 21-32287-01

Docket Number: 030-35603

Date Voided: 8/17/11

Reason for Void: The letters dated 5/17/11 + 8/29/11 were too deficient to complete processing. Re-activate upon receipt of written response.

Colleen Carol Casey 8/17/11  
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: \_\_\_\_\_