Aug. 2
7C
107603

Note To: License Fee Management Section, ADM

From: Region I

Subject: VOIDED APPLICATION

Control Number 107603

Applicant Commonwealth Nephrology Associates

Date Voided 88-02-03

Reason for Void:

Licensee wishes to withdraw Amendment request. Control put into system as Abandonment MS=25

after review apparently there was a def ltr. Dated 9/15/87 per 2/3/88 telecon record

Rebecca Brown 88-02-03

Signature Date

Attachment:
Official Record Copy
of Voided Action

OK LFMB
no refund due

'88 FEB -8 A9:33

8903130350 880203
REG1 LIC30
20-20970-01 PNU

"OFFICIAL RECORD COPY" ML10

Lic.# 20-20970-01

CONVERSATION RECORD

TIME: 1:30 pm | DATE: 2/3/88

TYPE: ☐ VISIT ☐ CONFERENCE ☒ TELEPHONE ☐ INCOMING ☒ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.
Michael Gottlieb, M.D.	Commonwealth Nephrology	(617) 783-5959

SUBJECT: Response to deficiency letter dated 9/15/87

ROUTING	
NAME/SYMBOL	INT

SUMMARY: Dr. Gottlieb wishes to withdraw the amendment request. (ctrl. # 107603)

ACTION REQUIRED

Void Amendment Request.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Piccone	J. M. Piccone	2/3/88

ACTION TAKEN

SIGNATURE	TITLE	DATE

U.S. G.P.O. 1983-381-526/8346

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