

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Casey

SUBJECT: VOIDED APPLICATION

Control Number:

314529

Applicant:

Physician Coverage Services, P.C.

License Number:

21-32382-01

Docket Number:

030-35967

Date Voided:

9-6-05

Reason for Void:

The licensee was unable to complete the application prior to due date, after two rounds of deficiency correspondence. Re-activate upon receipt of response.

Signature

Colleen Carol Casey

Date

9/6/05

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: _____