

BETWEEN:

Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20140930
Fee Comments:
Decom Fin Assur Req

A. REGION

Applicant/Licensee: MID-MICHIGAN PHYSICIANS, P.C.
Received Date: 20060117
Docket No: 3036617
Control No.: 315142
License No.: 21-32527-01
Action Type: Amendment

Amount:
Check No.:

Signed D. A. Persley
Date 1-24-2006

1. Fee Category and Amount: _____

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____