

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

```
.....  
: Program Code: 02201  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20080731  
: Fee Comments:  
: Decom Fin Assur Req'd: N  
: .....  
.....
```

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CARDIOVASCULAR CONSULTANTS, P.C.
Received Date: 20060711
Docket No.: 3034767
Control No.: 315564
License No.: 21-32102-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: _____

- ### 3. COMMENTS

Signed _____
Date 7-12-06

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /___/)

1. Fee Category and Amount: _____
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
3. OTHER _____

Signed _____
Date _____