

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req'd: _____

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: CARDIOLOGY CONSULTANTS OF EAST MI
Received Date: 20060623
Docket No: 3037297
Control No.: 315521
License No.:
Action Type: New Licensee

MATU-06

2. FEE ATTACHED
Amount: \$2200.00
Check No.: 7724

3. COMMENTS

Signed D. A. Hershey
Date 6-28-2006

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

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

Signed _____
Date _____

FEE INFORMATION

Log Page: July 1 (Region III)

Mail Control: 315521

Company Name: Cardiology Consultants of East Michigan

License Number: NEW

Type of Fee: Application

Fee Category: 7C

Check number: 7924

Amount Received: \$2,200.00

Amount Due: \$2,100.00

Amount Refunded: \$100.00

Completed By: Brenda Brown