

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - KWE Null

SUBJECT: VOIDED APPLICATION

Control Number: 578021

Applicant: Detroit Medical Center

License Number: 21-03298-06

Docket Number: 03J-38720

Date Voided: 9/10/12

Reason for Void: \_\_\_\_\_

Complaint of CPA 577966; financial  
assurance action

K. A. New 9/10/12  
Signature Date

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: \_\_\_\_\_