

Court Name: District Court
Division: 3
Receipt Number: FLN360004923
Cashier ID: pcranby
Transaction Date: 02/28/2011
Payer Name: ROBERT P SMITH

NOTICE OF APPEAL/DOCKETING FEE
For: ROBERT P SMITH
Amount: \$455.00

PAPER CHECK CONVERSION
Check/Money Order Num: 1139
Amt Tendered: \$455.00

Total Due: \$455.00
Total Tendered: \$455.00
Change Amt: \$0.00

3:10CV01-RV/ENT ST OF FL V US DEPT
OF HEALTH
\$455.00 APPEAL FILING FEE

Note: Returned check fee is \$45