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Subject: Pee Dee Healthcare, PA -v- Lower Florence County Hospital District d/b/a Lake City Community Hospital
Date: Monday, October 24, 2022 1:48:29 PM
Attachments: [CA.pdf](#)
[NOA.pdf](#)
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Attached for filing, please find Lower Florence County Hospital District's Notice of Appeal, Certificate of Service and Transcript Request Form. The originals, along with the filing fee of \$250 will be hand delivered to your office this afternoon.

Thank you
Ann Shuler

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