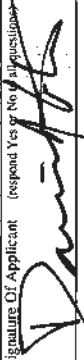


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INDIANA RENEWAL APPLICATION		Certification Number 01037563A	Date Expires 06/30/2007	Renewal Fee \$200.00
DAVID ALLEN TABER Michiana Hematology-Oncology, P.C. 100 Navarre Place Suite 5550 South Bend IN 46601		SINCE YOU LAST RENEWED: (if yes to any question, attach details of action taken)		
Mail To: Indiana Professional Licensing Agency 402 West Washington Street, Room W072 Indianapolis, IN 46204		1. Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? YES <input type="radio"/> NO <input type="radio"/>		
Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.		2. Have you been denied a license, certificate, registration, or permit in any state? YES <input type="radio"/> NO <input type="radio"/>		
I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.		3. Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? YES <input type="radio"/> NO <input type="radio"/>		
Signature Of Applicant (respond Yes or No to all questions) 		Date Signed 5-15-07		

Make Check Payable To
Indiana Professional Licensing Agency
 Enter change of address

Indiana Professional
Licensing Agency

JUN 11 2007

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