

CHERRY TREE MEDICAL ASSOCIATES INC.

PO Box 726 • 25 Highland Park Drive • Uniontown, PA 15401

Phone: (724) 438-3040 • Fax: (724) 438-7127

Physician Office: (724) 439-4150

Cherry Tree Urgent Care: (724) 438-3040 X228

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REGION 1

Lab Services: (724) 438-3040 X229

Imaging Services: (724) 438-3040 X232

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November 10, 2004

United States Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03031251

Re: License No. 37-28414-01

Subject: Name Change of Corporation

Gentlemen:

Please be advised that Mountainview Medical Associates, 25 Highland Park Drive, Uniontown, PA 15401, is now known as Cherry Tree Medical Associates. All other information remains the same as stated on license # 37-28414-01.

Enclosed is a copy of the official amendment from the State of Pennsylvania.

If you should require any additional information, please do not hesitate to contact me.

Thank you.

Yours truly,



Kishor E. Joshi, M.D.
President

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135981

NMSS/RGNI MATERIALS-002

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

COPY

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

Entity Number
601864

Business Corporation (§ 1915)
 Nonprofit Corporation (§ 5915)

Name JENNIFER MARKS
PENNCORP SERVICEGROUP INC.
Address 600 NORTH SECOND STREET
PO BOX 1210
City HARRISBURG, PA State PA Zip Code 17108-1210

Document will be returned to the name and address you enter to the left.



Fee: \$70

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
Mounrainview Medical Associates, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

| (a) Number and Street | City | State | Zip | County |
|-----------------------------------|------------------|---------------------|--------------|----------------|
| <u>205 Easy Street, Suite 203</u> | <u>Uniontown</u> | <u>Pennsylvania</u> | <u>15401</u> | <u>Fayette</u> |

(b) Name of Commercial Registered Office Provider _____ County _____
c/o _____

3. The statute by or under which it was incorporated: Pennsylvania Professional Corporation Law of July 9, 1970

4. The date of its incorporation: August 30, 1974

5. Check, and if appropriate complete, one of the following:

The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

The amendment shall be effective on SEP 21 2004 at _____
Date Hour

(MCC)

2004 SEP 21 PM 12:47

6. Check one of the following:

The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate, complete one of the following:

The amendment adopted by the corporation, set forth in full, is as follows

The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

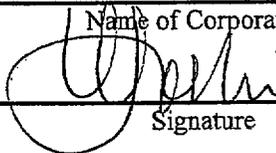
The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

25th day of August, 2004.

MOUNTAINVIEW MEDICAL ASSOCIATES, INC.

Name of Corporation



Signature

Kishor E. Joshi, President

Title

EXHIBIT "A"
AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
CHERRY TREE MEDICAL ASSOCIATES, INC.
FORMERLY MOUNTAINVIEW MEDICAL ASSOCIATES, INC.
A DOMESTIC PROFESSIONAL CORPORATION

1. The name of the corporation is: Cherry Tree Medical Associates, Inc.
2. The address of this corporation's registered office in this Commonwealth is:
20 Highland Park Drive, One Highland Square, Uniontown, Fayette County,
Pennsylvania 15401.
3. The corporation adopts the provisions of the Business Corporation Law of 1988.
4. The aggregate number of shares authorized is: Ten thousand (10,000) shares of
Common Stock, at no par value per share.
5. The shareholders of the corporation shall not be entitled to cumulative voting rights with respect
to the election of directors.

This is to acknowledge the receipt of your letter/application dated

11/10/2004, and to inform you that the initial processing which includes an administrative review has been performed.

Amend. 37-2348-08
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 135901.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 License Fee Management Branch, ARM : INFORMATION FROM LTS
 and : -----
 Regional Licensing Sections :
 : Program Code: 02201
 : Status Code: 0
 : Fee Category: 7C
 : Exp. Date: 20050531
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::::::::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: MOUNTAINVIEW MEDICAL ASSOCIATES
 Received Date: 20041112
 Docket No: 3031251
 Control No.: 135981
 License No.: 37-28414-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: _____

3. COMMENTS

Signed M. A. Perkins
 Date 11/15/04

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

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

Signed _____
 Date _____