

MEDICAL IMAGING CENTER, PC

6 Northwestern Drive, Suite 102, Bloomfield, CT 06002, Tel. 860-242-0734, or -7511

TO: U.S.N.R.C. Region I
Medical Licensing Branch
475 Allendale Road
King of Prussia, PA 19406

January 14, 2005

03020496

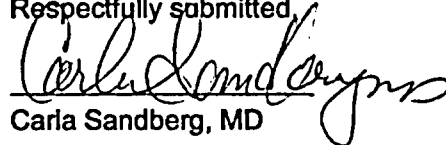
RE: Amendment to License #06-21317-01; Change of RSO.

Dear Sir or Miss:

This letter serves to request a license amendment for Medical Imaging Center, PC. Angabeen Sultana Khan, MD is more often the physician at the nuclear imaging office, so to that effect, we are requesting to change the RSO from Daniel M. Roswig, MD to Angabeen Sultana Khan, MD.

We appreciate your efforts to expedite the amendment and we look forward to a continued safe and effective materials program. Thank you for your assistance.

Respectfully submitted,



Carla Sandberg, MD
President

136353

NMSS/RGNI MATERIALS-002

'05
JAN 26 PM 2:52

RECEIVED
REGION 1

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

1/14/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 06-21317-0
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 136353.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(8-98)

Sincerely,
Licensing Assistance Team Leader

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02200
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140131
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: MEDICAL IMAGING CENTER, P.C.
 Received Date: 20050126
 Docket No: 3020496
 Control No.: 136353
 License No.: 06-21317-01
 Action Type: Amendment

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

3. COMMENTS

Signed M. a. Perkins
 Date 4/27/05

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 _____