

RECEIVED
REGION 1

Mulkay Cardiology Consultants, P.C.

Angel J. Mulkay, M.D.

Scott D. Ruffo, M.D.

'05 FEB -2 P12 :42

Noninvasive Cardiology

Nuclear Cardiology
Echocardiography (Inc. TEE)
Stress Testing
Holter Monitoring
Electrocardiography
Event Monitoring

Invasive Cardiology

Cardiac & Peripheral
Catheterization, Angioplasty,
Stents, Rotablator, Laser
I.V. Ultrasound, ICD &
Pacemaker Implantation,
EPS Mapping, Ablation

January 29, 2005

Steven Courtemanche
Health Physicist
Nuclear Materials Safety Branch 1
Division of Nuclear Materials Safety
Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406-1415

Dear Mr. Courtemanche,

Re: License No. 29-30697-01 030 35878

We would like to amend our radioactive materials license no. 29-30697-01 to delete Dr. Leonardo DiVagno as an authorized user. Dr. DiVagno is no longer working in this facility.

Sincerely,


Angel Mulkay, M.D.
President

176 Summit Avenue, Hackensack, NJ 07601 Phone: (201) 996-9244 Fax: (201) 996-9243
529 39TH Street Union City, NJ 07087 Phone: (201) 601-0900 Fax: (201) 601-0995

136418
NMSS/RGNI MATERIALS-002

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

11/29/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amend 29-30697-01
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** 136419.
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)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02201
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20120229
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MULKAY CARDIOLOGY CONSULTANTS, P.C.
 Received Date: 20050202
 Docket No: 3035878
 Control No.: 136418
 License No.: 29-30697-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: _____
 Check No.: 1

3. COMMENTS

Signed Rebecca J. Wood
 Date 2/4/2005

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 _____