RECEIVED
REGION 1
'05 FEB -2 P12 :42

Mulkay Cardiology Consultants, P.C.
Angel J. Mulkay, M.D.
Scott D. Ruffo, M.D.

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

1/29/2003, 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

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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** 136418.
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 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader

	:	(FOR LFMS USE)
	:	INFORMATION FROM LTS
BETWEEN:	:	----------
	:	
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 Reqd: 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.: _____

3. COMMENTS

Signed Rebecca Jurod
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 _____