

Centro de Medicina Nuclear Centro de Institutos Diagnosticos 1801 Aveinda Ponce de León Santurce, PR 00909

November 03, 2004

Regional Administrator, Region II U.S. Nuclear Regulatory Commission Region I 475 Allendale Road King of Prussia, PA 19406

0303/963 Amendment to Nuclear Regulatory Commission license # 52-25127-01

Dear Mr. Sir or Madam:

Please add Dr. José Diaz and Samuel Sostre as authorized users on our license. Both doctors are listed on the NRC license number # 52-16033-01

If you need any further information, please contact me at (787) 726-0440

Sincerely,

José M. Softero Ramirez, MD President Santurce Medical Mall

Lillian Conde de Borrego, M. D. Director Nuclear Medicine Department

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

11312004 CRect 2171205 and to inform you that the initial processing which includes an administrative review has been performed.

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 $1 \le 64 \le 8$. 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: 02200
and	: Status Code: 0
Regional Licensing Sections	: Fee Category: 7C
	: Exp. Date: 20110531
	: Fee Comments:
	: Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

- A. REGION I
- 1. APPLICATION ATTACHED

Applicant/Licensee:	CENTRO DE MEDICINA NUCLEAR
Received Date:	20050207
Docket No:	3031963
Control No.:	136438
License No.:	52-25127-01
Action Type:	Amendment

- 2. FEE ATTACHED Amount: Check No.:
- 3. COMMENTS

Signed Date

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 _____