

ESSEX HUDSON CARDIOLOGY ASSOCIATES, LLP

Najam Wasty, M.D., FACC

M.Y. Sandhu, M.D.

Mohammad Asif, M.D.

Newark Beth Israel
Medical Center
201 Lyons Avenue
Newark, NJ 07112
Tel: (973) 926-8592
Fax: (973) 923-8859

672 Broadway
Bayonne, NJ 07002
Tel: (201) 339-3710
Fax: (201) 339-1611

225 Lafayette Street
Newark, NJ 07105
Tel: (973) 466-2800

February 24, 2005

License No. 29-30616-01

03035634

United States Nuclear Regulatory Commission
Region 1
Medical Licensing
475 Allendale Road
King of Prussia, PA 19406

05
MAR -4 P 2:24

RECEIVED
REGION 1

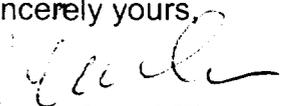
Gentlemen:

I request that our materials license be amended to add Sang O. Lee, MD as an authorized user for 35.100 and 35.200(cardiac imaging).

For questions regarding this request please call John C. Ramsey at 908-788-9440.

Thank you.

Sincerely yours,


Ramon Lao, MD
Medical Director

Attachments

136630
NMSS/RGNI MATERIALS-002

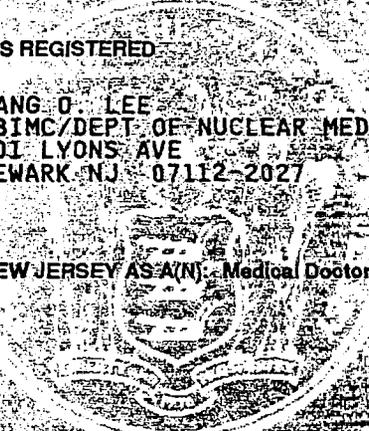
State Of New Jersey
Department Of Law and Public Safety
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Medical Examiners

HAS REGISTERED

SANG O. LEE
NBIMC/DEPT. OF NUCLEAR MED
201 LYONS AVE
NEWARK, NJ 07112-2027

FOR PRACTICE IN NEW JERSEY AS A(N) Medical Doctor
NUCLEAR MEDICINE



05/20/2003 TO 06/30/2005
VALID

25MA04473700

LICENSE REGISTRATION CERTIFICATION #

Sang O. Lee
SIGNATURE OF REGISTRANT

[Signature]
DIRECTOR

STATE OF NEW JERSEY
DIVISION OF CONSUMER AFFAIRS
REGISTRY
SANG O. LEE
NUCLEAR MEDICINE
05/20/2003 TO 06/30/2005
25MA04473700

PLEASE DETACH HERE
IF YOUR LICENSE/ID CARD
IS LOST PLEASE NOTIFY:
Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625
PLEASE DETACH HERE

SANG O. LEE EXPIRATION DATE 2005
YOUR LICENSE NUMBER IS MA04473700 PLEASE USE IT IN ALL CORRESPONDENCE WITH YOUR
BOARD. USE THIS SECTION TO REPORT NAME AND/OR ADDRESS CHANGES. YOU ARE REQUIRED TO
REPORT ANY CHANGES TO YOUR BOARD WITHIN 10 DAYS.
NAME CHANGES REQUIRE A COPY OF LEGAL DOCUMENTATION (I.E. MARRIAGE LICENSE, DIVORCE DECREE,
COURT ORDER). COMPLETE BELOW WITH NEW INFORMATION AND FORWARD TO YOUR BOARD AT:

Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625

HOME ADDRESS OF RECORD/MAILING
BUSINESS

HOME ADDRESS OF RECORD/MAILING
BUSINESS

TELEPHONE
INCLUDE AREA CODE

TELEPHONE
INCLUDE AREA CODE

I.D. CARD

If the law governing your profession requires current license/registration/certification be displayed, it should be within reasonable proximity of your original license at your principal office or place of business.

CERTIFICATION COUNCIL OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

Sang O. Lee, M.D.

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS COUNCIL
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

FOR THE PERIOD 1997 THROUGH 2007

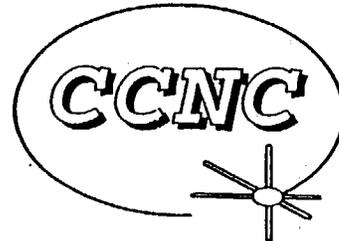


PRESIDENT



SECRETARY

CERTIFICATE # 688



DECEMBER 1, 1997

CERTIFICATION COUNCIL OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

Sang O. Lee, M.D.

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS COUNCIL
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

FOR THE PERIOD 1997 THROUGH 2007

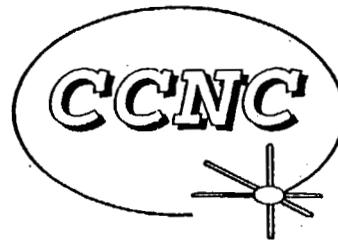
A. J. Kraudman

PRESIDENT

C. J. Kelly

SECRETARY

CERTIFICATE # 688



DECEMBER 1, 1997

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

2/24/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-30616-01 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** 136630.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110430
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: ESSEX HUDSON CARDIOLOGY ASSOCS,LLP
Received Date: 20050304
Docket No: 3035634
Control No.: 136630
License No.: 29-30616-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed Rebecca Juncos
Date 3/22/05

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 _____