



RECEIVED
REGION 1

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Atlantic City Medical Center
AtlantiCare Behavioral Health
AtlantiCare Foundation
AtlantiCare Health Plans
AtlantiCare Health Services
InfoShare

February 22, 2005

U.S. Nuclear Regulatory Commission
Nuclear Materials Safety Branch 1
Region 1
King of Prussia, PA 19406

Re: Mainland Division/City Division License#29-08622-04

03002515

Attention To: Division of Nuclear Materials Safety

I am writing to advise you that the Board of Governors of Atlantic City Medical Center recently approved a name change for our hospital. Our hospital's name has been changed from Atlantic City Medical Center to AtlantiCare Regional Medical Center. The decision to change the name was purely a marketing decision. There has been no change to the scope of professional services rendered to our patients nor has there been any change to the parameters of our patient service area.

If you have any questions regarding this name change please do not hesitate to contact Grace Bruther, Corporate Counsel @ 609-607-9892.

Very truly yours,

David P. Tilton
President & CEO

Cc: Butch Womble
Jonathan Law
Linda Dutch
Rich McGahhey

AtlantiCare Health Park
2500 English Creek Avenue, Building C, Egg Harbor Township, NJ 08234
Phone: 609-569-1000

136632

NMSS/RGNI MATERIALS-002

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

2/22/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-08622-04
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** 136632.
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: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C 2B
 : Exp. Date: 20110430
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: ATLANTIC CITY MEDICAL CENTER
 Received Date: 20050304
 Docket No.: 3002515
 Control No.: 136632
 License No.: 29-08622-04
 Action Type: Amendment

2. FEE ATTACHED
 Amount: /
 Check No.:

3. COMMENTS

Signed Rebecca Jensen
 Date 3/23/08

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 _____