



RECEIVED
REGION I

'05 APR 25 P1:51

April 13, 2005

U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

BYPRODUCT NATIONAL LICENSE # 52-21325-01 03020510

Gentlemen:

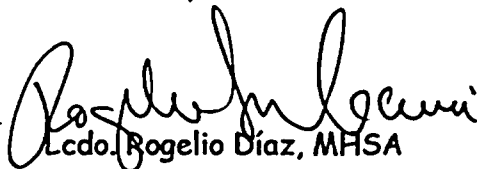
Please be advised that Hospital San Pablo has changed its name and ownership, as of April 1, 2005.

New owner: Centro Médico del Turabo, Inc.
D/b/a

New name: Hospital HIMA-San Pablo Bayamón
New Executive Director: Lcdo. Rogelio Díaz

Please amend our license accordingly.

Yours truly,


Lcdo. Rogelio Díaz, MHA
Executive Director

RG:erg

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

4/13/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 52-21325-01 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 136939.
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 (R)
(8-96)

Sincerely,
Licensing Assistance Team Leader

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
: Exp. Date: 20140531
: Fee Comments: CODE 33
: Decom Fin Assur Req: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: HOSPITAL SAN PABLO
Received Date: 20050425
Docket No: 3020510
Control No.: 136939
License No.: 52-21325-01
Action Type: Amendment

2. FEE ATTACHED
Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca Juncal
Date 6/2/2005

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 _____