

RECEIVED
REGION I
FRIEDA SILVA DE ROLDAN, M.D.



ELBA ORDUÑA ACUM, M.D.

'05 MAY 24 P1:16

Elba Orduña Acúm, MD
Plaza Nuclear Imaging
Correo Esmeralda #53 PMB 114
Guaynabo, PR 00969-4429

April 21, 2005

Regional Administrator, Region I
US NRC, Region I
475 Allendale Road
King of Prussia, PA 19406

Dear Sir or Madam:

Please change the RSO in our NRC license 52-25340-01

030 33894

David Rhoe


Signature

April 21, 2005
Date

If you need additional information, please feel free to contact me at 787-949-2011 or 787-621-3329.

Sincerely,


Elba Orduña Acúm, MD

137103
NMSS/RGNI MATERIALS-002

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

4/21/2005, and to inform you that the initial processing which includes an administrative review has been performed.

- Amendment 52-25340-01 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** 137103.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20050731
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: PLAZA NUCLEAR IMAGING
Received Date: 20050524
Docket No: 3033894
Control No.: 137103
License No.: 52-25340-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca Junod
Date 6/12/05

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 _____