



|   |                |
|---|----------------|
| Michael J. Jenoriki, Business Manager           | (609) 646-2642 |
| Patricia C. Egnor, Accounting Manager           | (609) 653-8219 |
| Paul V. Farrell, CPA, Controller                | (609) 653-8240 |
| Mary T. Fries, Provider Relations Director      | (609) 625-7775 |
| Barbara J. Giroud, Clerical Support Manager     | (609) 677-9216 |
| Janet A. Hirsch, Operations Manager             | (609) 677-9690 |
| Bertie M. Weiler, Human Resources Manager       | (609) 677-9442 |
| Lisa M. Moore, Marketing Manager                | (609) 653-1537 |
| Andrew Duran, Provider Relations Representative | (609) 652-6091 |
| Accounts Payable                                | (609) 677-9730 |
| Billing & Insurance                             | 1-800-927-2344 |

BUSINESS OFFICE • 1810 Shore Road • Northfield, New Jersey 08225 • Fax: (609) 653-8764

June 10, 2005

*B-6*

USNRC  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

Attn: Todd J. Jackson  
Fax: (610) 337-5269

Re: Request of Administrative Change to  
License No: 29-28395-01 *03031206*

Dear Mr. Jackson,

As a follow up to our telephone conversation earlier today, please accept this letter as a formal request for an administrative amendment change to the license referenced above.

The request is to change the business/correspondence address for Atlantic Medical Imaging to 1810 Shore Road, Northfield, NJ 08225.

Atlantic Medical Imaging continues to maintain the Stockton Medical Building, 72 W. Jimmie Leeds Road, Pomona, NJ 08240 location as an administrative office and not an imaging center, however, it no longer receives USPS delivery.

If you require additional information, please contact me directly. Thank you for your assistance in regard to this matter.

cc: file

Sincerely,

Michael J. Jenoriki  
Business Manager

*137185*  
NMSS/RGNI MATERIALS-002

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

6/10/2005, and to inform you that the initial processing which includes an administrative review has been performed.

- Amendment 29-28395-01 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** 137185.  
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: 20150131  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Reqd: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: ATLANTIC MEDICAL IMAGING  
Received Date: 20050610  
Docket No: 3031206  
Control No.: 137185  
License No.: 29-28395-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed Rebecca Jurood  
Date 6/17/2005

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 \_\_\_\_\_