



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

Q-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.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02201
 and : Status Code: 0
 Regional Licensing Sections : 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 J. Ford
 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 _____