

**Bernardo A. Puebla, MD**

P. O. Box 117  
Guayama, Puerto Rico 00785

June 15, 2005

RECEIVED  
REGION 1  
2005 JUN 27 PM 1:34

U.S. Nuclear Regulatory Commission  
Regional Administration, Region II  
475 Allendale Road  
King of Prussia, PA 19406

Gentlemen:

03034051

I would like to ammend license No. 52-23097-02 to add David Rhoe as the Medical Physicist for this license. Mr. Rhoe is currently listed as the Medical Physicist on NRC license No. 52-11897-01.

If you need additional information, please feel free to conact me at 787-864-2010 in my office or by fax at 787-864-5984.

Sicerely,



Bernardo A. Puebla, MD

137308  
NMSS/RGNI MATERIALS-002

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

6/15/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 52-23097-02 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

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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 137308.  
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: 02210  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20120831  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Reqd: N  
 : .....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: PUEBLA, M.D., BERNARDO  
 Received Date: 20050627  
 Docket No: 3034051  
 Control No.: 137308  
 License No.: 52-23097-02  
 Action Type: Amendment

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

3. COMMENTS

Signed *Myriam Juarez*  
 Date 11/12/05

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 \_\_\_\_\_