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JUN 17 2008

diagnostic health Anchorage

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DNMS

Discovery Excellence in Radiology

TOM SCOTT
907-729-5825 - NUC. MED

907-729-5803 - DEPT. OF HEALTH

907-729-5854 - MED. PHYSICS

FAX

To: JACQUELINE COOK	From: THOMAS R. SCOTT CNMT
Fax: 817-860-8263	Pages: 4
Phone: 817-860-8132	Date: 6-17-08
Re: NAME CHANGE	cc:

Comments: DOCKET: 030-20372
LICENSE: 50-23214-01
CONTROL: 471764

Jacqueline

I am faxing this document in addition to what we mailed per your request. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely
Ward

Information Required for Change of Control and/or Change of Ownership
(to include a name change)

source: Appendix F of NUREG-1556, Volume 15 (Date Published: November 2000)

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction:

B. No name change

New name of licensed organization (please clarify the parent company - Diagnostic Health Corporation or Diagnostic Health, Anchorage LP. In addition, please be very specific concerning the new name, including any "d/b/a" which should be included - we want to issue the license to the correct legal entity: DIAGNOSTIC HEALTH, ANCHORAGE LP

C. No change in contact

New contact: _____

New telephone number: 907-729-5803

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - including training, experience and responsibilities:

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Of Anchorage, LTD.)

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3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program:

NO CHANGE

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes

No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

New licensee

NRC for license termination

Not applicable

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6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

Description of proposed licensed program attached

OR

_____ will abide by all constraints, conditions,
(transferee)
requirements and commitments of _____
(transferor)

Signature/Title
Transferee

date

Signature/Title
Transferor

date

OR

Not applicable (name change only)

Certifying Officer - Signature

Ward Hinger AK Area Administrator

Certifying Officer - Typed name and title

June 17th 2008

Date