

NARSIMHA GOTTAM M.D., P.C.

**27463 VAN DYKE AVE
WARREN, MICHIGAN 48093
PHONE-586-754-4220 / FAX-586-754-5026**

April 24, 2011

US Nuclear Regulatory Commission, Region III
2443 Warrenville Road, Ste 210
Lisle, Illinois 60532

Materials Licensing Branch

RE: License Amendment of USNRC #21-32506-01

Please amend the above license for Narsimha Gottam M.D. PC currently operating at 7815 E. Jefferson Ave, Ste 3-B Detroit, Michigan 48214. Narsimha Gottam M.D. is relocating his practice to 7633 E. Jefferson Ave, Ste 360 Detroit, Michigan 48214 and needs to change his USNRC license to the same. The staff, technologist, management and authorized users will remain the same.

This move will take place this week on Thursday April 28, 2011 at which time we will decommission the current 7815 E. Jefferson Ave, Ste 3-B, Detroit, Michigan 48214 location. We would like to resume our nuclear stress tests at the new location in Suite 360 at 7633 E. Jefferson Ave, Detroit, Michigan 48214 as soon as possible using the same equipment from the currently approved location

I realize this is such short notice and hopefully you would be able to accommodate Dr. Gottam's request at this time. Please direct any questions to Karen @ 586-754-4220 or fax @ 586-754-5026.

Sincerely,



Narsimha R. Gottam M.D. PC
Authorized User, and Radiation Safety Officer

enclosures
NRG:kt

THE CERTIFICATION BOARD OF NUCLEAR CARDIOLOGY

Incorporated 1996

CERTIFIES THAT

Narsimha Gottam, MD


HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD FOR PHYSICIANS RESIDING
IN THE UNITED STATES AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

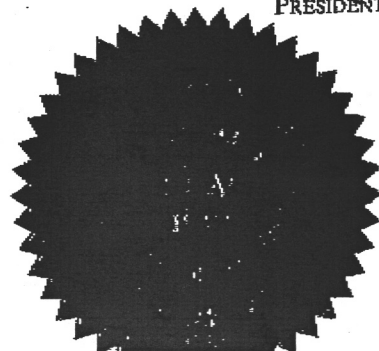
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

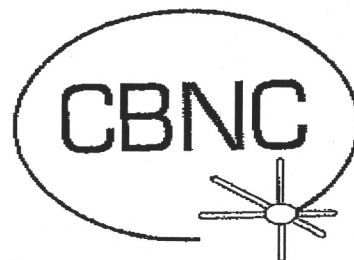
FOR THE PERIOD 2003 THROUGH 2013


PRESIDENT


SECRETARY



CERTIFICATE # 2836



OCTOBER 26, 2003

27463 Van Dyke
Warren, MI.
48093

586-754-4220

Fax Transmittal Form

TO *USMC Region III* FROM

Name: **Narsimha R. Gottam MD**
Organization Name:
Dept:

ATT: *MIKE HERR*

E-mail:
ngottammd@yahoo.com
FAX: **586-754-5026**

Date: *4-26-11* Time:

Remarks:

*License Amendment / Change
of Address*

Number of pages including cover sheet: *3*

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