

OMNI MEDICAL GROUP, P.C.  
21700 NORTHWESTERN HIGHWAY  
SUITE 600  
SOUTHFIELD, MICHIGAN 48075  
(313) 559-6664

William C. Sharp, M.D.

Leon A. Crumley, M.D.

Hershel C. Jackson, M.D.

April 18, 1988

U.S. Nuclear Regulatory Commission  
Materials License Section  
Region III  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Re: License # 21-24824-01

Dear Sir:

Please amend byproduct material license #21-24824-01 for the following changes:

1. Delete - Norberto Sugayan, M.D.
2. Add - Andrew Hankins, M.D. 21-16327-01  
James Goodwin, M.D. 21-16327-01  
David Woodbury, M.D. 21-16327-01  
K. Nayak, M.D. 21-16327-01

Please designate James Goodwin, M.D. as the Radiation Safety Officer.

Enclosed please find our check in the amount of \$120.00 for amendment fee. If there are any questions, please contact our consultant, Ray Carlson, M.S., at (313) 662-3197.

Respectfully,

*William C. Sharp, M.D.*  
WILLIAM C. SHARP, M.D.  
President

Log.	<i>april 21</i>
Remitter	
Check No.	<i>2925</i>
Amount	<i>120</i>
Fee Category	<i>7C</i>
Type of Fee	<i>annual</i>
Date Check	
Date Completed	<i>4/29/88</i>
By:	<i>[Signature]</i>

RECEIVED  
APR 21 1988  
REGION III

ML30  
/11

CONTROL NO 8527 9

APR 21 1988

8912010218 BB0418  
REG3 L1C30  
21-24824-01 PDR

NOTE TO: License Fee Management Branch, ADM

FROM: Region III

SUBJECT: VOIDED APPLICATION

*Apr 2, 1988  
after review  
see telephone  
no refund*

Control Number

85279

Applicant

Omni-Medical Corp, P.C.

Date Voided

4/29/88

Reason for Void

Per telephone conversation ~~with~~

on 4-28-88 licensee requested to void this action - will send in another request to replace.

Signature

[Signature]

Attachment:  
Application

*rec'd 5/10*

88 MAY -6 AM 11:55

RECEIVED

*OK LFMB  
no refund due*

*ML30*

CONVERSATION RECORD

TIME

DATE

4/28/88

TYPE

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Ray Carlson, MS.

ORGANIZATION (Office, dept., bureau, etc.)

Omni-Mail Corp

TELEPHONE NO.

SUBJECT

Co. No 85279

INFORMATION ONLY

SUMMARY

Mr. Carlson indicated that the deal to add the doctor referenced in Amendment request dated 4/18/88 fell through & the doctor would not be added to the license. He would submit new names.

I explained to Ray that I had reviewed the license & sent to typing therefore my review was complete and he would need to submit another fee with the new doctor names.

ACTION REQUIRED

VOID ACTION

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

[Signature]

DATE

4/28/88

ACTION TAKEN

SIGNATURE

TITLE

DATE

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

: (FOR LFMS USE)  
: INFORMATION FROM LITS  
: -----  
: PROGRAM CODE: 02200  
: STATUS CODE: 0  
: FEE CATEGORY: 7C  
: EXP. DATE: 19911231  
: FEE COMMENTS: \_\_\_\_\_  
: ::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION III

1. APPLICATION ATTACHED  
APPLICANT/LICENSEE: OMNI-MEDICAL GROUP, P.C.  
RECEIVED DATE: 880421  
DOCKET NO: 3029621  
CONTROL NO.: 385279  
LICENSE NO.: 21-24824-01  
ACTION TYPE: AMENDMENT

*11-52*

2. FEE ATTACHED  
AMOUNT: 120.00  
CHECK NO.: 2975

3. COMMENTS

SIGNED BK  
DATE 9/21/88

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED)

1. FEE CATEGORY AND AMOUNT: 7C \$120

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:  
AMENDMENT \_\_\_\_\_  
RENEWAL \_\_\_\_\_  
LICENSE \_\_\_\_\_

3. OTHER \_\_\_\_\_

SIGNED CP  
DATE 4/29/88