



Doctor's Center Hospital  
Call Box 30532  
Manatí, PR 00674

February 9, 2005

Regional Administrator, Region II  
U.S. Nuclear Regulatory Commission  
Region I  
475 Allende Road  
King of Prussia, PA 19406

Dear Sir or Madam:

03035451

We recently received our NRC license # 52-25531-01. We would like to make the following amendments as follows:

1. Add José R. Vázquez Selles, MD to the license as an authorized user. Currently on NRC license number 52-01946-07 (UPR- Medical Science Campus).
2. Add Reinaldo Laguna Figueroa, MD to the license as an authorized user. Currently on NRC license number 52-01946-07 (UPR- Medical Science Campus).
3. Add Part 10 CFR 35.300 to Elba Orduña Acúm, MD to the license. Currently on NRC license number 52-01946-07 (UPR- Medical Science Campus) and 52-25531-01 (Doctors Center Hospital).
4. Please add Part 10 CFR 35.100-, 35.200 and 35.300 to all authorized users.

If your need any further information, please contact me at the address above.

Sincerely,

Elba Orduña, MD

136459  
NRC/REGNI MATERIALS-002

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

2/9/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amend 52-25531-01 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 136459.  
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: 02121  
and : Status Code: 0  
Regional Licensing Sections : Fee Category: 7C  
: Exp. Date: 20100930  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: :::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
Applicant/Licensee: DOCTOR'S CENTER HOSPITAL  
Received Date: 20050210  
Docket No: 3035451  
Control No.: 136459  
License No.: 52-25531-01  
Action Type: Amendment

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

3. COMMENTS

Signed Robert J. Ford  
Date 2/16/2007

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 \_\_\_\_\_