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K-8

April 21, 2005

Docket No. 03035451
Control No. 136459

License No. 52-25531-01

Sandra Gabriel
Senior Health Physicist
Medical Branch, Division of Nuclear Materials Safety
Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia
Pennsylvania 19406-1415

SUBJECT: Doctors' Center Hospital punctuation corrections

This refers to recent letter from April 3, 2005 requesting clarification of the Hospital's correct punctuation in the name.

The correct punctuation and name is: Doctors' Center Hospital

We will appreciate the correction in the name in our license and in all our documents.

Thank you. Sincerely,

Sr. Ángel Álvarez
Operations Administrator

(Ref. 136459)

Torre Medica Suite 403, Manatí, PR Tel: 787-854-3322 ext. 4001 Fax: 787-621-3329

137099
NMSS/RGNI MATERIALS-002

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

4/21/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 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 137099.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02200
: Status Code: 0
: 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: 20050524
Docket No: 3035451
Control No.: 137099
License No.: 52-25531-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.:

3. COMMENTS

(Ref. 136459)

Signed *Nelissa J. Ford*
Date 6/1/05

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 _____