



RECEIVED
REGION I

'05 MAY 31 P1:53

May 25, 2005

U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

RE: Byproduct Material License No 52-25621-01 03036225

Gentlemen:

Please be advised that Hospital San Pablo del Este has changed its name and ownership.

New owner : Centro Médico del Turabo, Inc.
D/b/a/

New Name : Hospital HIMA San Pablo Fajardo
New Managing Director: Mr. José E. Carballo

Please amend our license accordingly.

Yours truly,

Mr. José E. Carballo
Managing Director

Letter U.S. Regulatory Commission

C: Mrs. María Palacios
Nuclear Medicine Physics

137/26

NRC/REG I MATERIALS-002

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

5/25/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 52-25621-01
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 137126.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

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:      (FOR LFMS USE)
:      INFORMATION FROM LTS
:      -----
:
:  Program Code: 02121
:  Status Code: 0
:  Fee Category: 7C
:  Exp. Date: 20130331
:  Fee Comments: _____
:  Decom Fin Assur Req'd: N
:  .....

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A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: SAN PABLO DEL ESTE HOSPITAL
Received Date: 20050531
Docket No: 3036225
Control No.: 137126
License No: 52-25621-01
Action Type: Amendment

- Amount: _____
Check No.: _____

- ### 3. COMMENTS

Signed Wesley H. Wood
Date 6/2/2005

- 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 _____