



March 15, 2016

AKIN AKINWANDE, M.D., F.A.C.C.

Chief Financial Officer
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

RE: **License # 13-32775-01, Invoice # LFB-16-1437, Docket # 03038196**

Dear Sir,

I am requesting an appeal for leniency on the annual fees imposed under 10 CFR Part 171 on this license.

Background Information:

Pinnacle Heart Specialists, LLC was established in 2009 as a 'small, single specialty, one physician, outpatient cardiology practice. We offer mainly outpatient cardiology consultation, follow ups, pre operative cardiovascular evaluation, electrocardiography resting and ambulatory, 2 D echocardiography, and treadmill stress test. I am also on the speaker bureau program for multiple pharmaceutical companies. We added radionuclide perfusion imaging to our practice to facilitate our pre operative cardiovascular evaluation after we obtained nuclear license in 2010.

While our average tax returns may be barely more than \$485,000 unfortunately it also includes other multiple streams of income such as rental and also stipends from serving on the speaker bureau program for pharmaceutical companies. We have averaged less than 120 cases of perfusion imaging per year since this service was added to our practice.

We are asking for leniency from your office. We have already paid \$600 for this year.

We appreciate your consideration in the matter and we await your kind response.

Respectfully,

A handwritten signature in black ink, appearing to read "Akinwande", with a long, sweeping horizontal line extending to the right.

Akindolapo (Akin) O. Akinwande, MD, FACC
Medical Director

Enclosures:

- a. List number of radionuclide scintigraphy performed
- b. Completed NRC Form 526



February 12, 2016

AKIN AKINWANDE, M.D., F.A.C.C.

To whom this may concern,

Total Number Of Nuclear Stress Tests Performed At
At Pinnacle Heart Specialists Per Year

| 2015 | 2014 | 2013 | 2012 | 2011 |
|------|------|------|------|------|
| 10 | 10 | 12 | 14 | 4 |
| 19 | 11 | 10 | 11 | 9 |
| 5 | 16 | 14 | 11 | 10 |
| 0 | 3 | 6 | 13 | 1 |
| 0 | 5 | 18 | 17 | 13 |
| 1 | 8 | 17 | 11 | 15 |
| 4 | 12 | 14 | 7 | 17 |
| 11 | 10 | 9 | 10 | 7 |
| 17 | 9 | 14 | 12 | 10 |
| 13 | 17 | 13 | 16 | 8 |
| 17 | 6 | 19 | 12 | 9 |
| 17 | 8 | 12 | 10 | 11 |
| 114 | 115 | 158 | 144 | 114 |

I certify under penalty of perjury that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read "Akinwande", with a stylized flourish at the end.

Akindolapo Akinwande, MD, FACC
Medical Director

NRC FORM 526

(12-2015)
10 CFR 171



U.S. NUCLEAR REGULATORY COMMISSION
CERTIFICATION OF SMALL ENTITY STATUS FOR THE PURPOSES OF
ANNUAL FEES IMPOSED UNDER 10 CFR PART 171
(Effective August 30, 2013)

If you have QUESTIONS, e-mail them to: SmallEntity.Resource@nrc.gov

SEE IMPORTANT INSTRUCTIONS FOR NRC FORM 526 -- PLEASE READ CAREFULLY
DO NOT COMPLETE OR RETURN THIS FORM IF YOU DO NOT QUALIFY AS A SMALL ENTITY

A Licensee that is a subsidiary of a large entity, including foreign entities, does NOT qualify as a small entity.

| | | |
|---|---|---|
| NAME AND ADDRESS OF LICENSEE (as it appears on the invoice): Pinnacle Hemt Specialist, LLC 1935 N. CAPITOL AVE, #200 Indianapolis IN 46202 | INVOICE NUMBER LFB-16-1437 | BUSINESS TELEPHONE NUMBER (317) 931-3252 |
| | DOCKET NUMBER 03038196 | CONTACT NAME A.O. AKINWANDI, MD |
| EMAIL ADDRESS AKIN@pinnaclehemt.com | COMPANY WEBSITE ADDRESS www.pinnaclehemt.com | CONTACT TELEPHONE NUMBER (317) 931 3252 |

| SIZE STANDARDS (Check only 1 box below). | MAXIMUM ANNUAL FEE PER LICENSED CATEGORY (See Items 2 and 3 on back) |
|---|--|
| 1. SMALL BUSINESS A for-profit concern that is not engaged in manufacturing with average GROSS receipts of \$7.0 million or less over its last 3 completed fiscal years. For further information see 1a and 1b of attached instructions. <input type="checkbox"/> A. \$485,000 TO \$7,000,000 <input checked="" type="checkbox"/> B. LESS THAN \$485,000 | \$ 2,800 \$ 600 |
| 2. MANUFACTURING INDUSTRY A manufacturing concern with an average number of 500 or fewer employees based upon employment during each pay period for the preceding 12 calendar months. <input type="checkbox"/> A. 35 to 500 EMPLOYEES <input type="checkbox"/> B. LESS THAN 35 EMPLOYEES | \$ 2,800 \$ 600 |
| NAICS BUSINESS CODE (See 1b and 1e of attached instructions): _____ | |
| 3. SMALL ORGANIZATION A not-for-profit organization that is independently owned and operated and has annual GROSS receipts of \$7.0 million or less. For further information see 1a and 1b of attached instructions. <input type="checkbox"/> A. \$485,000 TO \$7,000,000 <input type="checkbox"/> B. LESS THAN \$485,000 | \$ 2,800 \$ 600 |
| 4. SMALL GOVERNMENTAL JURISDICTION (INCLUDING PUBLICLY SUPPORTED EDUCATIONAL INSTITUTIONS) A government of a city, county, town, township, village, school district, or special district with a population of less than 50,000. For further information see 1f of attached instructions. <input type="checkbox"/> A. 20,000 TO 49,999 POPULATION OF JURISDICTION <input type="checkbox"/> B. LESS THAN 20,000 POPULATION OF JURISDICTION | \$ 2,800 \$ 600 |
| 5. SMALL EDUCATIONAL INSTITUTION THAT IS NOT STATE OR PUBLICLY SUPPORTED Only applicable to such small educational institutions if they have 500 or less employees. For further information see 1b and 1f of attached instructions. <input type="checkbox"/> A. 35 to 500 EMPLOYEES <input type="checkbox"/> B. LESS THAN 35 EMPLOYEES | \$ 2,800 \$ 600 |

CERTIFICATION

This certification MUST be signed by the owner of the entity named above or an official empowered to act on behalf of the entity.

I certify that the above named NRC licensee qualifies as a small entity under the size standards established by the NRC for its licensees in 10 CFR 2.810. The licensee qualifies as a small entity under the specific size standard indicated above.

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement or representation to any Department or Agency of the United States as to any matter within its jurisdiction. The submittal of willful false statements is punishable by fine or imprisonment, or both, and for purposes of this certification, may result in revocation or suspension of the license.

| | | | |
|--|--|---------------|-----------------|
| I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. | TYPED OR PRINTED NAME AND TITLE AKINWANDI, MD Medical Director | SIGNATURE | DATE 2/12/16 |
|--|--|---------------|-----------------|