

STATE MEDICAL BOARD  
1999 APR 19 PM 12:44

**STATE OF OHIO  
THE STATE MEDICAL BOARD  
VOLUNTARY RETIREMENT FROM THE  
PRACTICE OF MEDICINE AND SURGERY**

Re. 1/20 5/11/98

I, LAWRENCE ALOYSIOUS HENNESSEY, D.O., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, LAWRENCE ALOYSIOUS HENNESSEY, D.O., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective upon last date of signature below.

I, LAWRENCE ALOYSIOUS HENNESSEY, D.O., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 34-001454, to the State Medical Board of Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 34-001454 or issuance of any other certificate pursuant to Chapters 4730. or 4731., Ohio Revised Code, on or after the date of signing this Voluntary Retirement from the Practice of Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, LAWRENCE ALOYSIOUS HENNESSEY, D.O., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

Further, this information may be reported to appropriate organizations, data banks and governmental bodies.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(6), Ohio Revised Code, based upon my surgical care of one patient.

Signed this 13<sup>th</sup> day of APRIL, 1999.

Laurie A. Morris  
Witness

Lawrence A. Hennessey  
Signature of Physician  
FL H520-521-33-381-0

\_\_\_\_\_  
Witness

Sworn to and subscribed before me this day of 13<sup>th</sup>, April 1999.

SEAL



Laurie A. Morris  
Notary Public LAURIE A. MORRIS

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Anand G. Garg  
Anand G. Garg, M.D.  
Secretary

Raymond J. Albert  
Raymond J. Albert  
Supervising Member

5/11/99  
Date

5/11/99  
Date

1999 APR 19 PM 12:14

STATE MEDICAL BOARD

