

**STATE OF OHIO
THE STATE MEDICAL BOARD**

**SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY**

I, Leonard Roman, 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, Leonard Roman, D.O., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 34-001531, to the State Medical Board of Ohio, thereby relinquishing all rights to practice medicine and surgery in Ohio.

I understand that as a result of the surrender herein that, effective March 31, 1995, I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio. Additionally, I agree that, effective immediately, I shall no longer prescribe, order, dispense, or administer any controlled substances in the State of Ohio.

I further agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 34-001531 or issuance of any other certificate pursuant to Chapters 4730. or 4731., Ohio Revised Code, on or after the date of signing this Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order revoking my certificate to practice medicine and surgery, No. 34-001531 in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

I, Leonard Roman, 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.

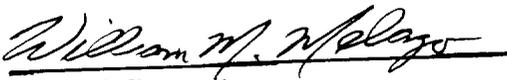
Further, this information may be reported to appropriate organizations, data banks and governmental bodies.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(3) and (B)(9), Ohio Revised Code, based on my plea of guilty to violations of Section 2925.03(A)(1), Ohio Revised Code, as set forth in the Bills of Information, which are attached hereto and fully incorporated herein.

Signed this 31st day of January, 1995.


Leonard Roman, D.O.


Witness


Witness

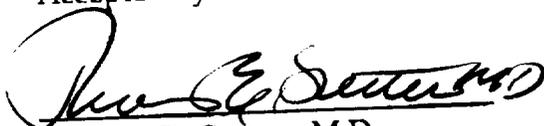
Sworn to and subscribed before me this _____ day of _____, 1995.

Notary Public

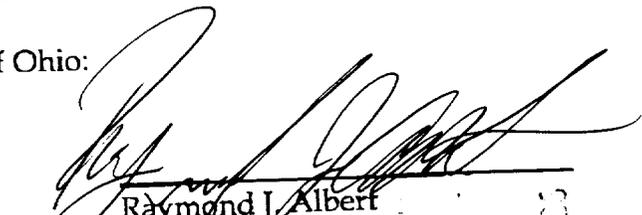
SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:


Thomas E. Greter, M.D.
Secretary

2/23/95
Date


Raymond J. Albert
Supervising Member
3/9/95
Date