

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

I, Nicholas J. Kavoklis, 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, Nicholas J. Kavoklis, D.O., do hereby voluntarily, knowingly, and intelligently retire from the practice of osteopathic medicine and surgery, effective upon the last date of signature below.

I, Nicholas J. Kavoklis, D.O., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice osteopathic medicine and surgery, No. 34-002457, to the State Medical Board of Ohio [Board].

I understand that as a result of the surrender herein I am no longer permitted to practice osteopathic 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 osteopathic medicine and surgery No. 34-002457 or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, on or after the date of signing this Voluntary Retirement from the Practice of Osteopathic Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, Nicholas J. Kavoklis, 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, Nicholas J. Kavoklis, D.O., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

OHIO STATE MEDICAL BOARD

JAN 19 2007

RECEIVED

It is expressly understood that this Voluntary Retirement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

I stipulate and agree that I am taking the action described herein in lieu of further investigation by the Board related to a possible violation of Section 4731.22(B)(19), Ohio Revised Code.

Signed this 15 day of January, 2007.

Nicholas J. Kavoklis D.O.
NICHOLAS J. KAVOKLIS, D.O.

WITNESS

WITNESS

Sworn to and subscribed before me this 15th day of January, 2007

SEAL

Kathleen M. Kostelnik
NOTARY PUBLIC
My commission expires 4-17-2010

(This form must be either witnessed OR notarized)

Lance A. Talmage
LANCE A. TALMAGE, M.D.
SECRETARY

Raymond J. Albert
RAYMOND J. ALBERT
SUPERVISING MEMBER

3-14-07
DATE

3/14/07
DATE

OHIO STATE MEDICAL BOARD

JAN 19 2007

RECORDED

Kavoklis Medical Clinic, LLC
Nicholas J. Kavoklis, D.O.
P.O. Box 3078
Youngstown, Ohio 44514

CERTIFIED MAIL™



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U.S. POSTAGE
PAID
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44514
JAN 17, 2007
AMOUNT

\$4.64
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**RETURN RECEIPT
REQUESTED**

State Medical Board of Ohio
77 S. High Street
1774 Floor
Columbus, Ohio 43215

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