

*Council*

VOLUNTARY RETIREMENT FROM THE  
PRACTICE OF MEDICINE AND SURGERY

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OHIO SECRET  
MEDICAL BOARD

84 MAY 25 AM 11:15

I, WILLIAM J. ROSS, M.D., 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, WILLIAM J. ROSS, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery effective APRIL 25, 1984.

I, WILLIAM J. ROSS, M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 7894, to the Ohio State Medical Board.

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

Signed this 25 day of APRIL, 19 84 in the <sup>HOME</sup> office of WILLIAM J. ROSS.

William J. Ross M.D.

[Signature]  
WITNESS

[Signature]  
WITNESS

Sworn to and signed before me this 25 day of April, 1984.

**WILLIAM H. JACKSON**  
Notary Public, State of Ohio  
My Commission expires Nov. 21, 1985

[Signature]  
Notary Public