

VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY

I, Walter H. Angerman, 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, Walter H. Angerman, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective September 20, 1989.

I, Walter H. Angerman, M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 011017, 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, and that I shall be ineligible for, and shall not apply for, reinstatement of said certificate or any other certificate pursuant to Chapters 4730. and 4731., Ohio Revised Code.

Signed this 21st day of September, 1989 in the office of Massillon (City of), County of Stark, State of Ohio.

Walter H. Angerman

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Mildred I. Kowell
WITNESS

Judith D. Miller
WITNESS

Sworn to and signed before me this 21st day of September, 1989.

Mildred I. Kowell
Notary Public, State of Ohio
My commission expires Nov. 22, 1991

Mildred I. Kowell

Notary Public