

**STATE OF OHIO
THE STATE MEDICAL BOARD**

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

I, NICHOLAS BASIL PAVLATOS, 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, NICHOLAS BASIL PAVLATOS, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35-013096, 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 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. 35-013096, 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, NICHOLAS BASIL PAVLATOS, M.D., 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.

SURRENDER OF CERTIFICATE
PAVLATOS, M.D.
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I stipulate and agree that I am taking the action described herein in accordance with the terms of the November 23, 1992, Settlement Agreement with various federal and state agencies.

Signed this 14th day of December, 1995.

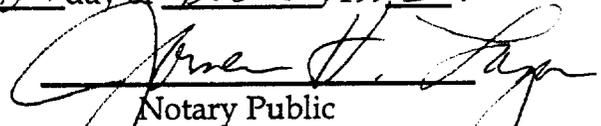


Nicholas Basil Pavlatos, M.D.

Witness

Witness

Sworn to and subscribed before me this 14th day of December, 1995.

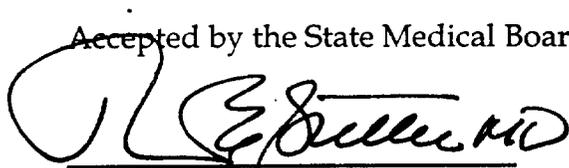


Notary Public
JAMES H. LAGOS, Attorney At Law
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date
Section 147.03 O. R. C.

SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:



THOMAS E. GRETTER, M.D.
SECRETARY



RAYMOND J. ALBERT
SUPERVISING MEMBER

12/21/95

DATE

1/16/96

DATE