

STATE OF OHIO
THE STATE MEDICAL BOARD

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OF OHIO
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VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY

I, FRANK VERONI, 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, FRANK VERONI, M.D, do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective August 31, 1993.

I, FRANK VERONI, M.D., will hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 35-014887, to the State Medical Board of Ohio on August 31, 1993.

I understand that as a result of the surrender herein that I will no longer be permitted to practice medicine and surgery in any form or manner in the State of Ohio, effective August 31, 1993.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 35-014887 or issuance of any other certificate pursuant to Chapters 4730. or 4731., Ohio Revised Code, on or after the date of signing this Voluntary Retirement from the Practice of Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, FRANK VERONI, M.D., certify that I do not hold a license or certificate to practice medicine and surgery in any other state. I stipulate and agree that I will not apply for or otherwise seek such licensure or certification in any other state.

I, FRANK VERONI, M.D., certify that on July 28, 1993, I voluntarily surrendered my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in schedules II through V to the United States Drug Enforcement Agency as evidence of my agreement to relinquish my privilege to handle controlled substances listed in schedules II through V.

I, FRANK VERONI, 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.

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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)(2), (B)(3) and (B)(6), Ohio Revised Code.

Signed this 11TH day of AUGUST, 1993.

Frank Verou M.D.
Signature of Physician

[Signature]
Witness

William A. Carlin
Witness

Sworn to and subscribed before me this 11TH day of AUGUST, 1993.

William A. Carlin
Notary Public

(SEAL)

WILLIAM A. CARLIN, Attorney at Law
Notary Public - State of Ohio
My commission has no expiration date.
Section 147.03 R.C.

Accepted by the State Medical Board of Ohio:

Carla S. O'Day
Carla S. O'Day, M.D.
Secretary

Raymond J. Albert
Raymond J. Albert
Supervising Member

9/24/93
Date

9/15/93
Date