

STATE OF OHIO  
THE STATE MEDICAL BOARD

SURRENDER OF CERTIFICATE  
TO PRACTICE MEDICINE AND SURGERY

I, DAVID L. SIMON, 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, DAVID L. SIMON, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35-015893 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. 35-015893 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, DAVID L. SIMON, 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.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(3) and (B)(11), Ohio Revised Code, and Section 4731.22(B)(20), Ohio Revised Code, to wit: 4731-11-02(E), Ohio Administrative Code, based on my plea of guilty to violation of Sections 3719.07 and 3719.08, Ohio Revised Code, as set forth in the Hamilton County Municipal Court Journal Entries, which are attached hereto and fully incorporated herein.

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SIMON, M.D.

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This SURRENDER shall become effective on September 16, 1995. In the interim between acceptance by the Board's Secretary and Supervising Member of DOCTOR SIMON's tendered surrender on behalf of the State Medical Board and the effective date of that surrender, DOCTOR SIMON shall not undertake the care of any patient not already under his care.

Signed this 7 day of September, 1995.

David L. Simon  
DAVID L. SIMON, M.D.

Pamela S. Hoas  
Witness

Macy C. Kensch  
Witness

Sworn to and subscribed before me this 7th day of Sept., 1995.

Donna M. Leidenheimer

Notary Public

**DONNA M. LEIDENHEIMER**

Notary Public, State of Ohio

My Commission Expires Aug. 12, 1999

SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Thomas E. Greter

THOMAS E. GRETER, M.D.  
SECRETARY

9/13/95

DATE

Raymond J. Albert

RAYMOND J. ALBERT  
SUPERVISING MEMBER

9/16/95

DATE