

SEP - 5 1989

VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY

I, George F. Miller, 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, George F. Miller, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective _____.

I, George F. Miller, M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. _____, 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 30th day of August, 1989 in the office of _____.

George F. Miller MD

Dwight Dixon
WITNESS

Louise R. Cannon
WITNESS

Sworn to and signed before me this 30th day of August, 1989.

HELEN E. DIXON
NOTARY PUBLIC - STATE OF OHIO
MY COMMISSION EXPIRES JULY 22, 1993
Helen E. Dixon
Notary Public