

**STATE OF OHIO
THE STATE MEDICAL BOARD
VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY**

I, WILLIAM E. TODD, 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, WILLIAM E. TODD, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice medicine and surgery, effective upon the last date of signature below.

I, WILLIAM E. TODD, M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 35-018434, to the State Medical Board of 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. 35-018434 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, WILLIAM E. TODD, 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.

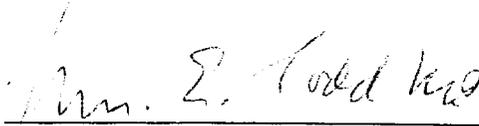
Further, this information may be reported to appropriate organizations, data banks and governmental bodies.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section(s) 4731.22(B)(2), (3) and (6), Ohio Revised Code, based on allegations of my prescribing of controlled substances for one person not in the usual course of practice, without keeping patient records, and following the expiration of my Drug Enforcement Administration registration, during a time when I was medically compromised. My voluntary

Voluntary Retirement
WILLIAM E. TODD, M.D.
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retirement of my certificate to practice medicine and surgery, and my signature hereon, constitutes neither an admission nor a denial of the allegations contained herein.

Signed this 7th date of July, 1998.



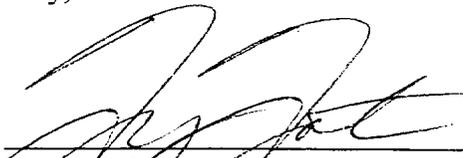
William E. Todd, M.D.



Witness TERRY TATARU

Witness

Sworn to and subscribed before me this 7th day of July, 1998.



Notary Public
TERRY L. TATARU
Section 147.03 R.C.
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date.
TERRY L. TATARU, Attorney-At-Law
Section 147.03 R.C.

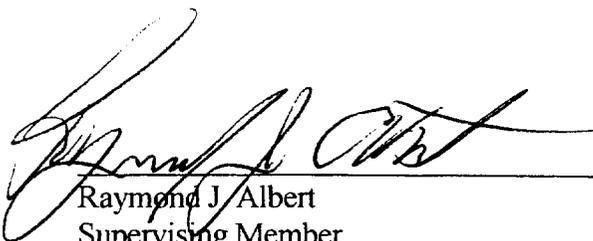
SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:



Anand G. Garg, M.D.
Secretary



Raymond J. Albert
Supervising Member

7/8/98

Date

7/8/98

Date