BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :

:

JAIME SMITH E INCAS, M.D. :

ENTRY OF ORDER

On September 1, 2007, Jaime Smith e Incas, M.D., executed a Surrender of his certificate to practice medicine and surgery in Ohio with consent to revocation, which document is attached hereto and fully incorporated herein.

Wherefore, upon ratification by the Board of the surrender, it is hereby ORDERED that Certificate No. 35-019855 authorizing Jaime Smith e Incas, M.D., to practice medicine and surgery in the state of Ohio be permanently REVOKED, effective September 12, 2007.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 12th day of September 2007, and the original thereof shall be kept with said Journal.

Lance A. Talmage, M.D.
Secretary

(SEAL)

September 12, 2007
Date

2007 SEP -6 P 12:21
STATE MEDICAL BOARD

STATE OF OHIO
THE STATE MEDICAL BOARD
SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY

I, Jaime Smith e Incas, 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, Jaime Smith e Incas, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License # 35.019855, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice medicine and surgery in Ohio.

I acknowledge that I have not been legally permitted to practice medicine and surgery in the State of Ohio since my license to practice medicine and surgery in the state expired on January 1, 2006, and further understand that as a result of the surrender herein that I shall not be permitted to practice medicine and surgery in any form or manner in the State of Ohio in the future.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery License # 35.019855 or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., 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 hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice medicine and surgery, License #35.019855, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

I, Jaime Smith e Incas, M.D., hereby release the Board, its members, employees, agents, officers and representatives 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, Jaime Smith e Incas, M.D., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

It is expressly understood that this Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

I stipulate and agree that I am taking the action described herein in lieu of further investigation related to possible violations of Sections 4731.22(B)(6) and (B)(19), Ohio Revised Code.

Signed this 1st day of September, 2007.

JAMIE SMITH E INCAS, M.D.

WITNESS

WITNESS

Sworn to and subscribed before me this 1st day of September, 2007.

Thomas L. Horvath, Attorney at Law
Notary Public-State of Ohio
My Commission Has No
Expiration Date
Section 147.03 R.C.

NOTARY PUBLIC

(This form must be either witnessed OR notarized)

LANCE A. TALMAGE, M.D.
SECRETARY

RAYMOND J. ALBERT
SUPERVISING MEMBER

9-12-07
DATE

9/12/07
DATE