

VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY

I, Joseph Ringel, 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, Joseph Ringel, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective upon signing.

I, Joseph Ringel, M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 20062, 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 may not apply for reregistration, reinstatement, or restoration of this certificate or issuance of any other certificate pursuant to chapters 4730. and 4731. of the Revised Code. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I shall not apply for a certificate to practice medicine or surgery in any other state and shall not so practice medicine or surgery in any other state.

I, Joseph Ringel, 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.

STATE OF OHIO
DEPARTMENT OF HEALTH

VOLUNTARY RETIREMENT
PAGE TWO

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)(6).

Signed this 2 day of APRIL, 1990.

[Signature]
SIGNATURE OF PHYSICIAN

[Signature]
WITNESS

[Signature]
WITNESS

Sworn to and subscribed before me this 2 day of April, 1990.

(SEAL)

[Signature]
NOTARY PUBLIC
KATHLEEN MACGREGOR
Notary Public
State of Ohio

(This form must be either witnessed OR notarized)

My Commission Expires 5/22/94

Accepted by the State Medical Board of Ohio:

[Signature]
HENRY G. CRAMBLETT, M.D.
SECRETARY

[Signature]
JOHN E. RAUCH, D.O.
SUPERVISING MEMBER

8/12/90
DATE

8/10/90
DATE

STATE MEDICAL BOARD OF OHIO
50 WEST 30th AVENUE
COLUMBUS, OHIO 43261