STATE OF OHIO
THE STATE MEDICAL BOARD

VOLUNTARY RETIREMENT FROM THE PRACTICE OF MEDICINE AND SURGERY

I, Eugenia B. Graper, 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, Eugenia B. Graper, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective (illegible)

I, Eugenia B. Graper, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 35-020772, 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. 35-020772 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, Eugenia B. Graper, 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)( ).

Signed this 2 day of November, 1995.

Eugenia Cooper M.D
Signature of Physician

Witness

Witness

Sworn to and subscribed before me this 2nd day of Nov., 1995.

FLORIDA DR. LIC G-616-200-45450 AS ID
DID TAKE AN OATH

SHERYL K. SMITH
MY COMMISSION # CC 503505
EXPIRES: October 26, 1999
Bonded Thru Notary Public Underwriters

SEAL

Sheryl K. Smith
Notary Public Sheryl K. Smith

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Thomas E. Gretter, M.D.
Secretary

11/7/95
Date

Raymond J. Albert,
Supervising Member

11/13/95
Date