

**STATE OF OHIO
THE STATE MEDICAL BOARD**

**VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY**

I, EDWIN LOUIS STANLEY, 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, EDWIN LOUIS STANLEY, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective immediately.

I, EDWIN LOUIS STANLEY, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 21272, 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. 21272 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 further agree that I shall not apply for a certificate to practice medicine and surgery, or the equivalent of such, in any state, nor practice medicine in any state on or after the date of signing this Voluntary Retirement from the Practice of Medicine and Surgery.

I, EDWIN LOUIS STANLEY, 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)(6), Ohio Revised Code.

Signed this 18TH day of JULY, 1995.

Edwin L. Stanley
Signature of Physician

Rose R. Tye
Witness

[Signature]
Witness

Sworn to and subscribed before me this 18TH day of JULY, 1995.

ROSE R. TYE, Attorney-at-Law
Notary Public, State of Ohio
My Commission has no expiration date.
Section 147.03 R. C.

Rose R. Tye
Notary Public

SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

[Signature]
Thomas E. Gretter, M.D.
Secretary
7/27/95
Date

[Signature]
Raymond J. Albert
Supervising Member
7/25/95
Date