

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

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

I, Walter Alvin Thomas, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, #35-021901, to the State Medical Board of Ohio [Board].

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 #35-021901, 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 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, Walter Alvin Thomas, M.D., further agree that I shall not apply for a certificate to practice medicine and surgery, or the equivalent of such, in any state or jurisdiction, nor practice medicine and surgery in any state or jurisdiction, on or after the date of signing this Voluntary Retirement from the Practice of Medicine and Surgery. In addition, I certify that I do not hold a certificate to practice medicine and surgery, or the equivalent of such, in any other state or jurisdiction, and further certify that I have no pending applications for such a certificate or its equivalent.

I, Walter Alvin Thomas, 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, Walter Alvin Thomas, M.D.,

OHIO STATE MEDICAL BOARD

MAY 17 2004

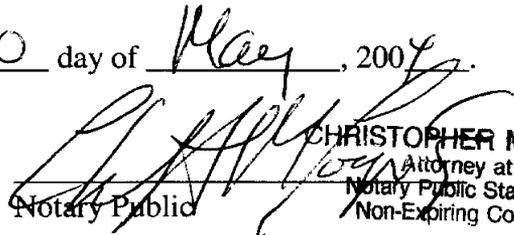
acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

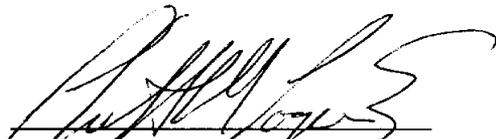
I stipulate and agree that I am taking the action described herein in lieu of further investigation and/or formal disciplinary proceedings pursuant to Sections 4731.22(B)(6) and (19), Ohio Revised Code.

Signed this 10 day of May, 2004.


Walter Alvin Thomas, M.D.

Sworn to and subscribed before me this 10 day of May, 2004.


CHRISTOPHER M. COOPER
Attorney at Law
Notary Public State of Ohio
Non-Expiring Commission

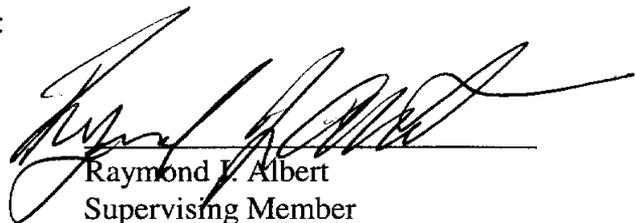

Christopher Cooper, Esq.
Attorney for Dr. Thomas

5/10/04
Date

Accepted by the State Medical Board of Ohio:


Lance A. Talmage, M.D.
Secretary

5-27-04
Date


Raymond J. Albert
Supervising Member

5/27/04
Date

OHIO STATE MEDICAL BOARD

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