VOLUNTARY RETIREMENT FROM THE

PRACTICE OF MEDICINE AND SURGERY

I, WARREN N. MORFORD 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, WARREN N. MORFORD M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective IMMEDIATELY.

I, WARREN N. MORFORD M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 022709, 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 shall be ineligible for, and shall not apply for, reinstatement of said certificate or any other certificate pursuant to Chapters 4730. and 4731., Ohio Revised Code.

Signed this 23 day of June, 1988 in the office of Dr. Warren Morford MD 997 Old State Rt. 52 Chesapeake

Warren N. Morford MD

Larry A Hubbell
WITNESS

Deputy David Weiman
WITNESS

Sworn to and signed before me this _____ day of _____, 19__.

Do not wish this to notarized

Notary Public