

VOLUNTARY SURRENDER OF LICENSE

TO PRACTICE MEDICINE AND SURGERY

MAR - 8 PM 3 '50

I, Fred H. Titock, M.D., do hereby voluntarily, knowingly, and intelligently surrender my license to practice medicine and surgery, No. 23033, to the Ohio State Medical Board. I choose to take this action after receiving a citation letter from the Medical Board dated January 14, 1982.

I, Fred H. Titock, M.D., hereby waive the right to representation by counsel, the right of having a formal adjudicative hearing, and all other substantive or procedural rights provided by law, and do hereby freely execute this document and choose to take the actions described herein.

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 will never apply for the reinstatement of my license to practice medicine and surgery in Ohio.

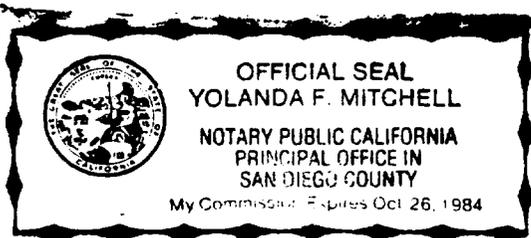
Signed this 3 day of March, 19 82, in the office of

Fred H. Titock

Yolanda F. Mitchell
WITNESS

WITNESS

Sworn to and signed before me this 3rd day of March, 1982.



Yolanda F. Mitchell
NOTARY PUBLIC