

**STATE OF OHIO  
THE STATE MEDICAL BOARD**

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

I, ANTONIO GUNZALODO HILADO, JR., 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, ANTONIO GUNZALODO HILADO, JR., M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective ( ).

I, ANTONIO GUNZALODO HILADO, JR., M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 32-026162, 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. 32-026162 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, ANTONIO GUNZALODO HILADO, JR., 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.

STATE MEDICAL BOARD  
OF OHIO  
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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 5th day of September, 1995.

Antonio M. Kelly, M.D.  
Signature of Physician

Patricia Stewart  
Witness

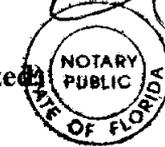
\_\_\_\_\_  
Witness

Sworn to and subscribed before me this 5th day of SEPT., 1995.

John Daquanno Jr.  
Notary Public

My Comm Exp. 5/25/96  
Bonded By Service Ins  
No. CC203446  
|| Personally Known || Other I.D.

(This form must be either witnessed OR notarized)



JOHN DAQUANNO JR.  
My Comm Exp. 5/25/96  
Bonded By Service Ins  
No. CC203446

|| Personally Known || Other I.D.

Accepted by the State Medical Board of Ohio:

Thomas E. Gretter, M.D.  
Secretary

10/10/95  
Date

Raymond J. Albert,  
Supervising Member

10/12/95  
Date

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