

**OHIO STATE MEDICAL BOARD**

**JUL 28 2004**

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

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

I, WILLIAM WARREN JONES, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. #35-027330, 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. #35-027330 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, WILLIAM WARREN JONES, 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.

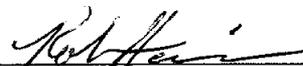
I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section(s) 4731.22(A), (B)(5), and (B)(20), Ohio Revised Code.

OHIO STATE MEDICAL BOARD

JUL 28 2004

Signed this 20 day of July, 2004.

  
Witness  
William Warren Jones, M.D.

  
Signature of

  
Witness

Sworn to and subscribed before me this 20 day of July, 2004.

ROBERT HARRIS  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Expires 6-20-09

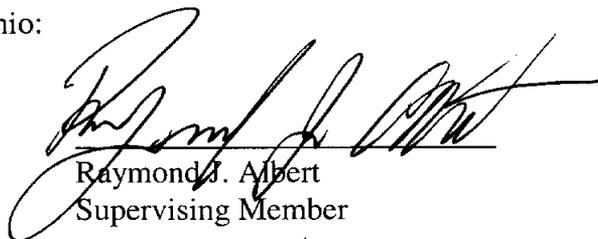
Notary Public

SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

  
Lance A. Talmage, M.D.  
Secretary

  
Raymond J. Albert  
Supervising Member

7-29-04  
Date

7/29/04  
Date