



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

SURRENDER OF CERTIFICATE TO PRACTICE MEDICINE AND SURGERY

I, Bruce F. MacLean, M.D., am aware of my right to representation by counsel and 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.

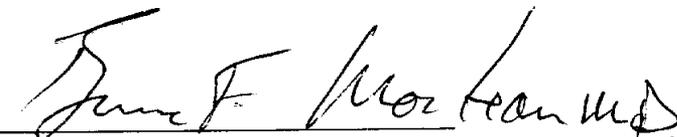
I, Bruce F. MacLean, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35-027583, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice medicine and surgery in Ohio. I understand that as a result 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. 35-027583 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 Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, Bruce F. MacLean, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

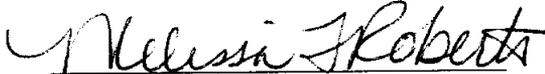
This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. I, Bruce F. MacLean, M.D., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

Signed this 29th day of April, 2004.


Bruce F. MacLean, M.D.

Sworn to and subscribed before me this 29th day of April, 2004.

SEAL


Notary Public

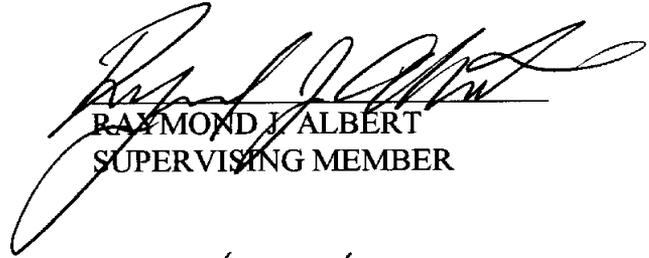
Accepted by the State Medical Board of Ohio:

MELISSA J. ROBERTS
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES 6-27-07



LANCE A. TALMAGE, M.D.
SECRETARY

5-26-04
DATE



RAYMOND J. ALBERT
SUPERVISING MEMBER

5/26/04
DATE