

STATE MEDICAL BOARD
OF OHIO

2003 JUN 25 P 3 29

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

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

I, ERNESTO L. PEREZ, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 35-027916, 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, ERNESTO L. PEREZ, M.D., agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery, No. 35-027916, 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.

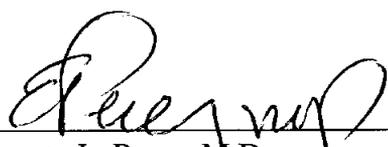
I, ERNESTO L. PEREZ, M.D., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code, and may be reported to appropriate organizations, data banks, and governmental bodies. I, ERNESTO L. PEREZ, M.D., agree to provide my social security number to the Board and hereby authorize the Board to utilize that number in conjunction with that reporting.

I stipulate and agree that I am taking the action described herein in lieu of further evaluation pursuant to Section 4731.22(B)(19), Ohio Revised Code.

Signed this 25 day of June, 2003.

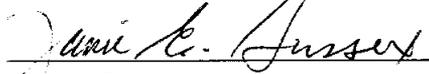
Witness



Ernesto L. Perez, M.D.

Witness

Sworn to and subscribed before me this 25 day of June, 2003.

JAMIE E. SUSSEX
Notary Public, State of Ohio
My Commission Expires October 3, 2009


Notary Public

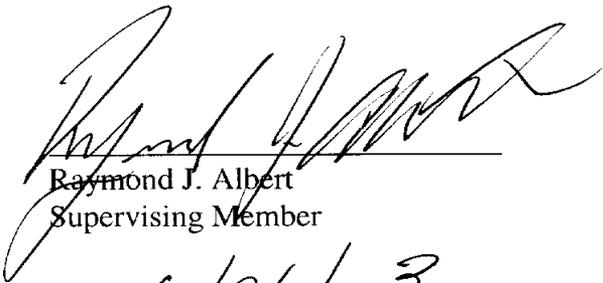
SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:



Anand G. Garg, M.D.
Secretary



Raymond J. Albert
Supervising Member

6/26/03

Date

6/24/03

Date