

VOLUNTARY SURRENDER OF LICENSE
TO PRACTICE MEDICINE AND SURGERY

I, Larry Edward Clark, 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, Larry Edward Clark, M.D., do hereby voluntarily, knowingly, and intelligently surrender my license to practice medicine and surgery, No. 028208, to the Ohio State Medical Board.

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.

Signed this 24 day of April, 19 84 in ~~the office~~
Room 112 - Frances Boarding House.
126 S. Detroit, Xenia, Ohio

X Larry Edward Clark

E. J. Garing
WITNESS

WITNESS

Sworn to and signed before me this _____ day of _____, 19____.

Notary Public