Fredricktown, Ohio

VOLUNTARY SURRENDER OF LICENSE

TO PRACTICE MEDICINE AND SURGERY

I, Donald M. Posner, 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, Donald M. Posner, M.D., do hereby voluntarily, knowingly, and intelligently surrender my license to practice medicine and surgery, No. 31308, 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 1st day of April, 19 81 in the office of Dr. Joseph R. Poole, M.D., 122 Columbus Road, Fredericktown, Ohio.

D. M. Posner, M.D.

Charles A. Eley
WITNESS

C. E. Shell
WITNESS

Sworn to and signed before me this 1st day of April, 1981.

William R. Ewalt
Notary Public