

STATE MEDICAL BOARD
96 APR 16 PM 12:47

**STATE OF OHIO
THE STATE MEDICAL BOARD
SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY**

I, FREDERICK B. WINSTON, 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, FREDERICK B. WINSTON, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35-032807, to the State Medical Board of Ohio, 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. 35-032807 or issuance of any other certificate pursuant to Chapters 4730. or 4731., 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 hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order revoking my certificate to practice medicine and surgery, No. 35-032807, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

I, FREDERICK B. WINSTON, 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 4731.22(B)(9), Ohio Revised Code, based upon my plea of guilty in the Hamilton County Court of Common Pleas to one count of violating Section 2925.23(B), Ohio Revised Code, Illegal processing of drug documents; one count of violating Section 2925.22, Ohio Revised Code, Deception to obtain drugs; one count of violating Section 2925.11, Ohio Revised Code, Drug Abuse; and one count of violating Section 2925.11, Ohio Revised Code, Drug abuse; and one count of violating 2923.01, Ohio Revised Code, Conspiracy, all felonies.

Signed this 15 day of April, 1996.

Frederick B. Winston
FREDERICK B. WINSTON, M.D.

Jana M. Harding
Witness

Debra K. Flosser
Witness

Sworn to and subscribed before me this 15 day of April, 1996.

Michael R. Barrett
MICHAEL R. BARRETT, Notary Public
Notary Public, State of Ohio
My commission has no expiration date. Section 147.02 of R.C.

SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Thomas E. Gretter
THOMAS E. GREYTER, M.D.
SECRETARY
4/17/96
DATE

Raymond J. Albert
RAYMOND J. ALBERT
SUPERVISING MEMBER
4/15/96
DATE

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