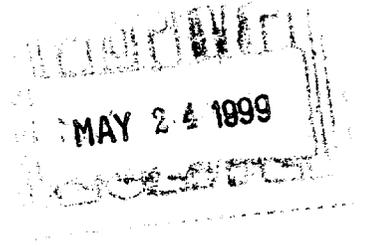


**STATE OF OHIO
THE STATE MEDICAL BOARD
VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY**



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

I, CHANG SUP LEE, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 35-036715, 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 agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 35-036715 or issuance of any other certificate pursuant to Chapters 4730. or 4731., 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.

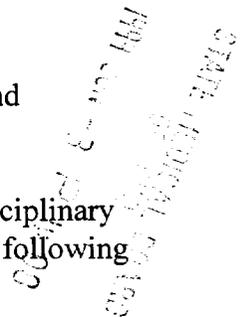
I, CHANG SUP LEE, M.D., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

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)(6), Ohio Revised Code, based upon the following admissions:

During the routine course of my surgical practice, I undertook the care of Patients 1-3 (as identified in the attached Patient Key--Key confidential not subject to public disclosure).



My office records for Patients 1-3 fail to reflect documentation of complete histories and physical examinations and/or diagnoses that justified the surgical procedures that I performed on Patients 1-3.

Further, during the course of my treatment of Patient 1, I scheduled Patient 1 for surgery to repair a right femoral hernia. Upon entering the operating room on the day of surgery, I noted that Patient 1's left femoral area had been prepared for surgery. I questioned the nurse in charge and was advised that Patient 1 had reported being scheduled for a left femoral hernia repair. At the time, I suspected that this was incorrect as I recalled that the surgical procedure was to be performed on Patient 1's right femoral area. Further, Patient 1's informed consent document indicated that Patient 1 had consented to a right femoral hernia repair.

Despite my suspicions, I failed to review Patient 1's medical records and/or consult with Patient 1 or members of Patient 1's family, and proceeded to perform a left femoral hernia repair.

Following the procedure, I spoke with Patient 1's family members. Following our conversation, I returned to the operating room and performed a right femoral hernia repair.

In the operative report that I dictated after surgery, I listed Patient 1's pre and post-operative diagnosis as "bilateral femoral hernia" despite the fact that Patient 1's pre-operative office and hospital records failed to reflect any subjective or objective data, or a diagnosis relating to a left femoral hernia.

I certify that I am retired from the active practice of medicine and surgery and that I have not held privileges at any hospital since December 1997.

Signed this 25th day of May, 1999.

Witness

Chang Sup Lee
Signature of Physician

Witness

80th Anniversary
2000-2010
CHANG SUP LEE, M.D.

Sworn to and subscribed before me this day of May, 25 1999.



EDWARD S. KIM, ATTORNEY AT LAW
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.

Edward S. Kim
Notary Public

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Anand G. Garg
Anand G. Garg, M.D.
Secretary

6/7/99
Date

Raymond J. Albert
Raymond J. Albert
Supervising Member

6/7/99
Date

60-11-01-0001-0001
MAY 25 1999 10:44:09
STATE MEDICAL BOARD