

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

March 10, 2010

Edgardo D. Paulino, M.D.
22900 #1A Lorain Road
Fairview Park, OH 44126

RE: 09-CRF-134

Dear Dr. Paulino:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on March 10, 2010.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal must be taken to the Franklin County Court of Common Pleas.

Such an appeal setting forth the Order appealed from and the grounds of the appeal must be commenced by the filing of an original Notice of Appeal with the State Medical Board of Ohio and a copy with the Franklin County Court of Common Pleas. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,

Lance A. Talmage MD

Lance A. Talmage, M.D. *Rw*
Secretary

LAT:baj
Enclosures

CERTIFIED MAIL RECEIPT NO. 91 7108 2133 3934 3683 6910
RETURN RECEIPT REQUESTED

Mailed 3-11-10

In the matter of Edgardo D. Paulino, M.D.

Page 2

John Luskin, Esq.

Attorney at Law

5252 Meadow Wood Blvd.

Cleveland, OH 44124

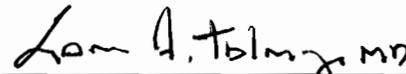
CERTIFIED MAIL RECEIPT NO. 91 7108 2133 3934 3683 6927

RETURN RECEIPT REQUESTED

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry approved by the State Medical Board, meeting in regular session on March 10, 2010, constitutes a true and complete copy of the Findings, Order and Journal Entry in the Matter of Edgardo D. Paulino, M.D., Case No. 09-CRF-134, as it appears in the Journal of the State Medical Board of Ohio.

This Certification is made by the authority of the State Medical Board of Ohio in its behalf.



Lance A. Talmage, M.D. RW
Secretary

(SEAL)

March 10, 2010

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

CASE NO. 09-CRF-134

EDGARDO D. PAULINO, M.D.

*

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated October 14, 2009, notice was given to Edgardo D. Paulino, M.D., that the State Medical Board intended to consider disciplinary action regarding his license to practice medicine and surgery in the State of Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, to the address of record of Dr. Paulino, that being 22900 #1A Lorain Road, Fairview Park, Ohio 44126.

A signed certified mail receipt was returned to the Medical Board documenting proper service of the notice. Through counsel, Dr. Paulino requested a hearing; however such request was received by the Board more than thirty (30) days after the mailing of the notice and was not timely in accordance with Section 119.07, Ohio Revised Code.

WHEREFORE, having reviewed the October 14, 2009, Notice of Opportunity for Hearing, including the Voluntary Surrender of Controlled Substances Privileges for registration numbers FP0463226, BP5985885, and BP4772352, as well as the affidavit of Kay L. Rieve, Administrative Officer, and the affidavit of Barbara A. Jacobs, Public Services Administrator, which are attached hereto and incorporated herein, the Board hereby finds that:

On or about January 13, 2009, Edgardo D. Paulino, M.D. executed three Voluntary Surrenders of Controlled Substances Privileges to the U.S. Department of Justice – Drug Enforcement Agency, for addresses in Lyndhurst, Mentor, and Fairview Park, Ohio. Such surrenders were based upon allegations that Dr. Paulino failed to comply with Federal requirements pertaining to controlled substances and as an indication of Dr. Paulino's good faith desire to remedy any incorrect or unlawful practices on his part.

Further, the Board hereby concludes that:

1. Section 4731.22(B)(24), Ohio Revised Code, authorizes the State Medical Board of Ohio to refuse to issue a license or to discipline a licensee following the revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States Department of Defense or Department of Veterans Affairs or the termination or suspension of a certificate of registration to prescribe drugs by the Drug Enforcement Administration of the United States Department of Justice.
2. Dr. Paulino surrendered his controlled substance privileges to the U.S. Department of Justice – Drug Enforcement Agency, which surrenders resulted in the termination of Dr. Paulino’s registration to prescribe drugs, as described above.

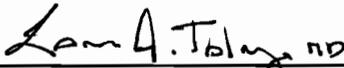
Accordingly, the Board hereby ORDERS that:

The license of Edgardo D. Paulino, M.D., to practice medicine and surgery in the State of Ohio be REVOKED.

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 10th day of March 2010 and the original thereof shall be kept with said Journal.

(SEAL)



Lance A. Talmage, M.D. *rw*
Secretary

March 10, 2010

Date

AFFIDAVIT

The State of Ohio
Franklin County, SS

I, Kay L. Rieve, being duly cautioned and sworn, do hereby depose and say that:

- 1) I am employed by the State Medical Board of Ohio (hereinafter, "The Board").
- 2) I serve the Board in the position of Administrative Officer.
- 3) In such position, I am the responsible custodian of all licensure applications maintained by the Board pursuant to Chapter 4731., Ohio Revised Code.
- 4) I have this day carefully examined the records of the Board pertaining to Edgardo Delfino Paulino, M.D.
- 5) Based on my examination, I have found the last known address of record of Dr. Paulino to be:

22900 #1A Lorain Road
Fairview Park, Ohio 44126

- 6) Further, Affiant Sayeth Naught.



Kay L. Rieve
Administrative Officer

Sworn to and signed before me, Barbara A. Jacobs, Notary Public, this
17th day of December, 2009.


Notary Public

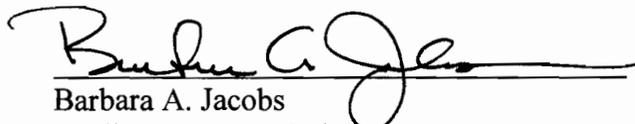
BARBARA ANN JACOBS, ATTORNEY AT LAW
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 1-47.03 R.C.

AFFIDAVIT

The State of Ohio
Franklin County, SS

I, Barbara A. Jacobs, being duly cautioned and sworn, do hereby depose and state that the following is true based upon my first-hand knowledge:

- 1) I am employed by the State Medical Board of Ohio (hereinafter, "The Board").
- 2) I serve the Board in the position of Public Services Administrator.
- 3) In the course of my regular duties, I am responsible for seeing that all procedural requirements of Chapter 119., Ohio Revised Code, regarding service of any notice issued by the Board are met.
- 4) According to the Board's records, the Board issued a Notice of Opportunity for Hearing to Edgardo D. Paulino, M.D., on October 14, 2009. Such notice was mailed by certified mail, return receipt requested, to Dr. Paulino's address of record on October 15, 2009.
- 5) A signed certified mail receipt was received by the Board, documenting service of the October 14, 2009, notice upon Dr. Paulino.
- 6) Pursuant to Section 119.07, Ohio Revised Code, Dr. Paulino had thirty days from the date that the Notice of Opportunity for Hearing was mailed in which to request a hearing. Any hearing request submitted on behalf of Dr. Paulino was due in the Board offices no later than 5:00 p.m. on Monday, November 16, 2009.
- 7) The Board received a request for hearing on behalf of Dr. Paulino submitted by John P. Luskin, Esq. Such request was received on November 19, 2009, more than thirty days after the mailing of the Notice of Opportunity for Hearing.
- 8) Further, Affiant Sayeth Naught.



Barbara A. Jacobs
Public Services Administrator

Sworn to and signed before me, Angela D. Fields, Notary Public, this 25th day of January, 2010.



ANGELA D. FIELDS
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES 05/16/11



Notary Public



State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

October 14, 2009

Case number: 09-CRF- **134**

Edgardo D. Paulino, M.D.
22900 #1A Lorain Road
Fairview Park, Ohio 44126

Dear Doctor Paulino:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) On or about January 13, 2009, you executed three Voluntary Surrenders of Controlled Substances Privileges [Voluntary Surrenders] to the U.S. Department of Justice – Drug Enforcement Agency, for addresses in Lyndhurst, Mentor, and Fairview Park, Ohio, based upon your alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of your good faith in desiring to remedy any incorrect or unlawful practices on your part. Copies of the Voluntary Surrenders are attached hereto and incorporated herein.

The Voluntary Surrenders as alleged in paragraph (1) above, individually and/or collectively, constitute “[t]he revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States department of defense or department of veterans affairs or the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice,” as that clause is used in Section 4731.22(B)(24), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is

Mailed 10.15.09

Edgardo D. Paulino, M.D

Page 2

permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.
Secretary

LAT/KHM/flb

Enclosures

CERTIFIED MAIL #91 7108 2133 3936 3070 4176
RETURN RECEIPT REQUESTED

cc: John Luskin, Esq.
Attorney at Law
5252 Meadow Wood Boulevard
Cleveland, Ohio 44124

CERTIFIED MAIL #91 7108 2133 3936 3070 4169
RETURN RECEIPT REQUESTED

VOLUNTARY SURRENDER OF CONTROLLED SUBSTANCES PRIVILEGES

DEA USE ONLY

File No.

After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

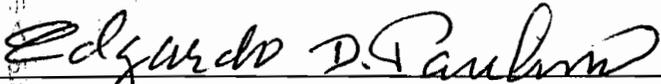
In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part;

In view of my desire to terminate handling of controlled substances listed in schedule(s) _____;

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in schedule(s) II-V as evidence of my agreement to relinquish my privilege to handle controlled substances listed in schedule(s) II-V. Further, I agree and consent that this document shall be authority for the Administrator of the Drug Enforcement Administration to terminate and revoke my registration without an order to show cause, a hearing, or any other proceedings, (and if not all controlled substances privileges are surrendered, be issued a new registration certificate limited to schedule(s) N/A).

I waive refund of any payments made by me in connection with my registration.

I understand that I will not be permitted to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other controlled substance activities whatever, until such time as I am again properly registered.

NAME OF REGISTRANT (Print) Dr. Edgardo Paulino MD		ADDRESS OF REGISTRANT 5637 Mayfield Road #1 Lyndhurst, Ohio 44060	
DEA REGISTRATION NO. FR0463226			
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL 			DATE 11.13/09

WITNESSES:

NAME AND DATE Scott A. Brink  1/13/09	TITLE Diversion Investigator
NAME AND DATE Michelle Copper  1/13/09	TITLE Diversion Investigator

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Permit voluntary surrender of controlled substances.

ROUTINE USES: The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- C. Persons registered under the Controlled Substances Act (Public Law 91-513) for the purpose of verifying the registration of customers and practitioners.

EFFECT: Failure to provide the information will have no effect on the individual.

VOLUNTARY SURRENDER OF CONTROLLED SUBSTANCES PRIVILEGES

DEA USE ONLY

File No.

After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part;

In view of my desire to terminate handling of controlled substances listed in schedule(s) _____;

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in schedule(s) II-V as evidence of my agreement to relinquish my privilege to handle controlled substances listed in schedule(s) II-V. Further, I agree and consent that this document shall be authority for the Administrator of the Drug Enforcement Administration to terminate and revoke my registration without an order to show cause, a hearing, or any other proceedings, (and if not all controlled substances privileges are surrendered, be issued a new registration certificate limited to schedule(s) N/A).

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NAME OF REGISTRANT (Print)
Dr. Edgardo Paulino MD

ADDRESS OF REGISTRANT
7300 Mentor Ave
Mentor, Ohio 44126

DEA REGISTRATION NO.
BP5985885

SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL

DATE

Edgardo D. Paulino

1/13/09

WITNESSES:

NAME AND DATE

TITLE

Scott A. Brinks *SA Brinks* *1/13/09*

Diversion Investigator

NAME AND DATE

TITLE

Michelle Cooper *Michelle R. Cooper* *1/13/09*

Diversion Investigator

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EFFECT: Failure to provide the information will have no effect on the individual.

VOLUNTARY SURRENDER OF CONTROLLED SUBSTANCES PRIVILEGES

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NAME OF REGISTRANT (Print) Dr. Edgardo Paulino MD		ADDRESS OF REGISTRANT 22900 Lorain Road Fairview Park, Ohio 44126	
DEA REGISTRATION NO. BP4772352			
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL <i>Edgardo D. Paulino</i>		DATE 1/13/09	

WITNESSES:

NAME AND DATE <i>Scott A. Brinks</i> 1/13/09	TITLE Diversion Investigator
NAME AND DATE <i>Michelle A. Cooper</i> 1/13/09	TITLE Diversion Investigator

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EFFECT: Failure to provide the information will have no effect on the individual.