

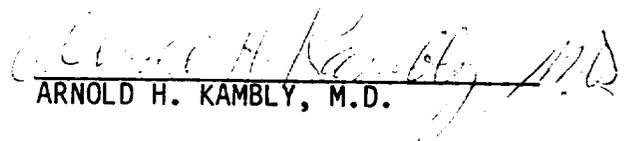
VOLUNTARY SURRENDER OF LICENSE
TO PRACTICE MEDICINE

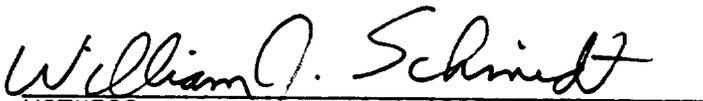
I ARNOLD H. KAMBLY, M.D., have been advised of my legal rights by my counsel, Terry Tataru, and do hereby freely execute this document and choose to take the actions described herein.

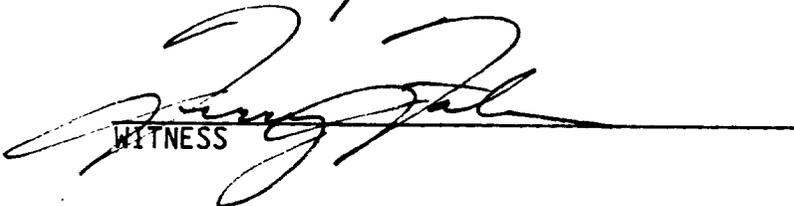
I, ARNOLD H. KAMBLY, M.D., do hereby knowingly and intelligently permanently surrender my license to practice medicine and surgery in the State of Ohio, No. 37781, to the Ohio State Medical Board, effective on September 15, 1983.

I understand that as a result of the surrender herein that subsequent to September 15, 1983, I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio. I agree that I will not apply for reinstatement of this certificate or issuance of a new certificate on or after the date of entry into this agreement.

Signed this 15th day of July, 1983, in the office of _____
The Ohio State Medical Board.


ARNOLD H. KAMBLY, M.D.


WITNESS


WITNESS

Sworn to before me and signed this 25th day of July, 1983.

JOHN C. ALBERT, Attorney At Law
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.

NOTARY PUBLIC