

2006 AUG 29 A 8: 55

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

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

I, Joseph F. Plouffe, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. # 35.040743, to the State Medical Board of Ohio [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.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. # 35.040743, or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., 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, Joseph F. Plouffe, 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, Joseph F. Plouffe, M.D., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

It is expressly understood that this Voluntary Retirement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(26), Ohio Revised Code.

Signed this 25 day of August, 2006.

Joseph F. Plouffe M.D.  
Joseph F. Plouffe, M.D.

John Seymour  
WITNESS

Martha R Plouffe  
WITNESS

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2006.

SEAL

NOTARY PUBLIC

(This form must be either witnessed OR notarized)

Lance A. Talmage MD  
LANCE A. TALMAGE, M.D.  
SECRETARY

Raymond J. Albert  
RAYMOND J. ALBERT  
SUPERVISING MEMBER

STATE MEDICAL BOARD  
OF OHIO  
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9-13-06  
DATE

9/13/06  
DATE