

VOLUNTARY SURRENDER OF LICENSE
TO PRACTICE MEDICINE AND SURGERY

I, Gerald E. Michel, 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, Gerald E. Michel, M.D., do hereby voluntarily, knowingly, and intelligently surrender my license to practice medicine and surgery, No. 042277, to the Ohio State Medical 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.

Signed this 25th day of June, 1981 in the office of State Medical Board of Ohio, 65 South Front Street, Columbus, Ohio.

Gerald E Michel MD

C. F. Young
WITNESS

Charles Eley
WITNESS

Sworn to and signed before me this 25th day of June, 1981.

Mary K. Roberts
Notary Public

MARY K. ROBERTS
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES 11/26/1982