

APR - 4 2007

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

I FLORENDA ALQUIZOLA, 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, FLORENDA ALQUIZOLA, do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective upon last date of signature below.

I FLORENDA ALQUIZOLA, do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. #, 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. # 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 FLORENDA ALQUIZOLA, 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.

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I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section(s) 4731.22(A) and 4731.22(B)(5), Ohio Revised Code.

Signed this 9th day of APRIL, 20001.

Witness

Frank C. Alarico
Signature of Physician

Witness

Sworn to and subscribed before me this day of 2, April, 20001.

SEAL



Elizabeth Penaranda
MY COMMISSION # CC885119 EXPIRES
November 2, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

[Signature]
Notary Public

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

[Signature]
Anand G. Garg, M.D.
Secretary

[Signature]
Raymond J. Albert
Supervising Member

04/10/01
Date

4/10/01
Date