

Crestline

VOLUNTARY SURRENDER OF LICENSE
TO PRACTICE MEDICINE AND SURGERY

I, Noel Robert Kaufmann md, 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, Noel Robert Kaufmann md, M.D., do hereby voluntarily, knowingly, and intelligently surrender my license to practice medicine and surgery, No. 45211, 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 03rd day of NOVEMBER, 1982 in
my office in CRESTLINE OHIO.

Noel Robert Kaufmann md

Chas A. Eley Ohio Medical Board
WITNESS

Adm Shays
WITNESS

Sworn to and signed before me this _____ day of _____, 19____.

Notary Public