

**STATE OF OHIO
THE STATE MEDICAL BOARD**

**VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY**

I, PETER LEONARDSON, am aware of my rights to representation by counsel, and do hereby freely execute this document and choose to take the actions described herein.

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

I, PETER LEONARDSON, do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 35-050081, 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. 35-050081 or issuance of any other certificate pursuant to Chapters 4730. or 4731., 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, PETER LEONARDSON, 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 stipulate and agree that I am taking the action described herein after retiring from the practice of medicine and surgery in 1996, for medical reasons.

I further stipulate and agree that I successfully completed treatment and participated in Aftercare at the Recovery Center of Community Hospitals of Williams County, a board approved treatment provider in Montpelier, Ohio, until February 1997, but failed to complete two years of Aftercare as required by Chapter 4731-16, Ohio Administrative Code.

Further, I state that I was unable to complete Aftercare due to a medical condition that prohibited me from attending meetings.

The above stipulations shall not be construed as an admission of any violations of the Medical Practices Act.

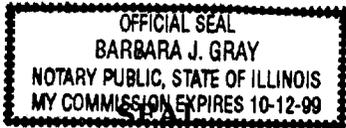
Signed this 15 day of January, 1998.

[Signature]
Signature of Physician

Witness

Witness

Sworn to and subscribed before me this 15th day of JANUARY, 1998.



[Signature]
Notary Public

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

[Signature]
for Thomas E. Greter, M.D.
Secretary

2/9/98
Date

[Signature]
Raymond J. Albert
Supervising Member

2/11/98
Date