

**STATE OF OHIO
THE STATE MEDICAL BOARD
SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY**

I, Martin L. Meyers, 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, Martin L. Meyers, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35-050601, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice medicine and surgery in 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 the certificate to practice medicine and surgery No. 35-050601 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 Surrender of Certificate to Practice Medicine and Surgery. Any such attempted application or reapplication shall be considered null and void and shall not be processed by the Board.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(22), Ohio Revised Code, based upon the Interim Consent Agreement For Practice Restriction and Inpatient or Residential Evaluation/Treatment issued by the Arizona Medical Board on or about August 29, 2003, and the Letter of Reprimand issued to Dr. Meyers by the Arizona Medical Board, on or about September 10, 2004, for violation of the Arizona Interim Consent Agreement.

I, Martin L. Meyers, M.D., hereby release the Board, its members, employees, agents, officers and representatives 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, Martin L. Meyers, 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.

Signed this 22 day of February, 2005.

Martin Meyers
Martin L. Meyers, M.D.

* [Signature]
Witness signature

[Signature]
Witness signature

Claudia Kitterman
Witness name printed

Carlos Mendivil
Witness name printed

Sworn to and subscribed before me this 22 day of Feb., 2005.

Notary Public

SEAL (This form must be either witnessed by two people OR notarized)

Accepted by the State Medical Board of Ohio:

[Signature]
LANCE A. TALMAGE, M.D.
SECRETARY

[Signature]
RAYMOND J. ALBERT
SUPERVISING MEMBER

3-8-05
DATE

3/8/05
DATE

OHIO STATE MEDICAL BOARD

FEB 25 2005