Missing Order revoking □ license.

VOLUNTARY SURRENDER OF CERTIFICATE
AND RETIREMENT FROM
THE PRACTICE MEDICINE AND SURGERY

I, Eliseo A. Olanda, 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, Eliseo A. Olanda, M.D., do hereby voluntarily, knowingly, and intelligently surrender all rights to practice medicine under my certificate to practice medicine and surgery, No. 54893, to the Ohio State Medical Board.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 54893, or issuance of any other certificate pursuant to Chapters 4730. and 4731., Ohio Revised Code, on or after the date of signing this Voluntary Surrender and Retirement Certificate to Practice Medicine and Surgery.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order revoking my certificate to practice medicine and surgery, No. 54893, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

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

Signed this 8 day of MARCH, 1989 in the office of

Eliseo A. Olanda M.D.
ELISEO A. OLANDA, M.D.

Patricia A. Dzielska Jr.
WITNESS

D/I Joseph Toth / DEA
WITNESS

SEAL

Notary Public