

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

STATE MEDICAL BOARD
OF OHIO
2009 JUL 22 PM 2:03

I, Jeffery David Miller, 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, Jeffery David Miller, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective upon the last date of signature below.

I, Jeffery David Miller, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, License No. 35.057322, to the State Medical Board of Ohio [Board].

I understand that as a result of the surrender herein 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 or restoration of certificate to practice medicine and surgery, License No. 35.057322, or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, 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, Jeffery David Miller, M.D., 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, Jeffery David Miller, 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.

Voluntary Retirement
Jeffery David Miller, M.D.

I stipulate and agree that I am taking the action described herein in lieu of further investigation of a possible violation of Section 4731.22(B)(19), Ohio Revised Code, related to a physical condition which has rendered me incapable of practicing medicine and surgery.

STATE MEDICAL BOARD
OF OHIO

2009 JUL 22 PM 2:09

EFFECTIVE DATE

It is expressly understood that this Voluntary Retirement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

Karen A. Miller POA
JEFFERY DAVID MILLER, M.D.

Lance A. Talmage MD
LANCE A. TALMAGE, M.D.
Secretary

7-21-09
DATE

8-12-09
DATE

Karen A. Miller
KAREN A. MILLER
Power of Attorney for Dr. Miller

Raymond J. Albert
RAYMOND J. ALBERT
Supervising Member

7-21-09
DATE

8/12/09
DATE

Nicholas I. Andersen
NICHOLAS I. ANDERSEN, ESQ.
Attorney for Dr. Miller

Daniel S. Zinsmaster
DANIEL S. ZINSMASER, ESQ.
Enforcement Attorney

7-21-09
DATE

7/23/2009
DATE