

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

I, Harvey Lee Mirly, 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, Harvey Lee Mirly, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35.059843, 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 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 #35.059843 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 Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, Harvey Lee Mirly, 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, Harvey Lee Mirly, 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.

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, related to the actions taken by the Illinois Department of Financial and Professional Regulation,

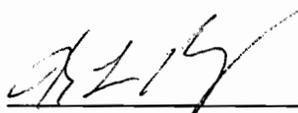
JAN - 7 2010

Surrender of Certificate  
Harvey Lee Mirly, M.D.

Division of Professional Regulation, and the Missouri State Board of Registration for the  
Healing Arts.

**EFFECTIVE DATE**

It is expressly understood that this Surrender of Certificate 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.



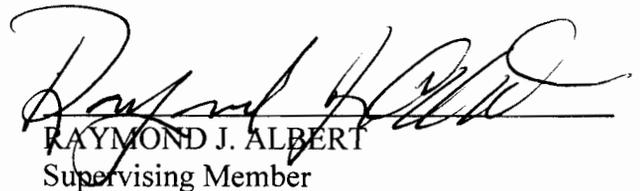
HARVEY LEE MIRLY, M.D.



LANCE A. TALMAGE, M.D.  
Secretary

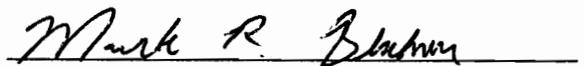
1/5/2010  
DATE

1-13-10  
DATE



RAYMOND J. ALBERT  
Supervising Member

1/13/10  
DATE



MARK R. BLACKMER  
Enforcement Attorney

January 8, 2010  
DATE

JAN -7 2010