

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :

:

JOHN F. LILLY, II, M.D. :

**ENTRY OF ORDER**

On January 30, 2001, John F. Lilly, II, M.D. executed a Voluntary Surrender of his Certificate to practice medicine and surgery in the State of Ohio with a consent to revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of Dr. Lilly's express waiver of the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board members vote to revoke said certificate, it is hereby ORDERED that Certificate No. 35-064620 authorizing John F. Lilly, II, M.D., to practice medicine be permanently REVOKED, effective January 31, 2001.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 31st day of January, 2001, and the original thereof shall be kept with said Journal.

(seal)

*Anand G. Garg M.D.*  
Anand G. Garg, M.D.  
Secretary

FEBRUARY 1, 2001  
Date

**STATE OF OHIO  
THE STATE MEDICAL BOARD**

**PERMANENT SURRENDER OF CERTIFICATE  
TO PACTICE MEDICINE AND SURGERY**

I, JOHN F. LILLY, II, 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, JOHN F. LILLY, II, M.D., do hereby voluntarily, knowingly, and intelligently permanently surrender my certificate to practice medicine and surgery, No. 35-064620, to the State Medical Board of Ohio, thereby permanently 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. This Permanent Surrender of Certificate to Practice Medicine and Surgery shall be effective upon the last date of signature below.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 35-064620, 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 Permanent 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 hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice medicine and surgery, No. 35-064620, 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.

I, JOHN F. LILLY, II, 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.

John F. Lilly, II, M.D.  
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I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22 (B)(9), Ohio Revised Code, to wit: Section 2923.32(A)(1) Engaging in a Pattern of Corrupt Activity, Ohio Revised Code, based on my plea of guilty to one felony count in Case No. 00 CR 146, Scioto County Court of Common Pleas, Portsmouth, Ohio.

Signed this 30<sup>th</sup> day of January, 2001.

John F. Lilly II, MD  
JOHN F. LILLY, II, M.D.

[Signature]  
Witness

[Signature]  
Witness

Sworn to and subscribed before me this 30<sup>th</sup> day of January, 2001.

Shane A. Gierman, Esq.  
Notary Public, State of Ohio  
My commission expires on [blank] date  
Section 4703.01, Ohio Revised Code

[Signature]  
Notary Public

**SEAL (This form must be either witnessed OR notarized)**

Accepted by the State Medical Board of Ohio:

[Signature]  
ANAND G. GARG, M.D.  
SECRETARY

[Signature]  
RAYMOND J. ALBERT  
SUPERVISING MEMBER

1/31/01  
DATE

1/31/01  
DATE