

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

I, JOHN NELSON DOWLING, 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 NELSON DOWLING, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35-072332, to the State Medical Board of Ohio, 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 certificate to practice medicine and surgery No. 35-072332 or issuance of any other certificate pursuant to Chapters 4730. or 4731., Ohio Revised Code, 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, JOHN NELSON DOWLING, 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 stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(A) and (B)(5), Ohio Revised Code.

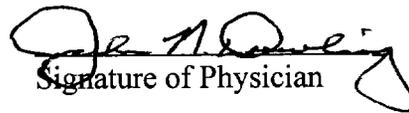
I admit that on or about March 11, 1997, I filed an application for a certificate to practice medicine and surgery in the state of Ohio, and I was granted a certificate on May 9, 1997 I admit that the affidavit I signed as part of the application process states that the issuance of a certificate to practice medicine in Ohio will be considered on the truth of the statements and documents contained therein which, if false, can subject me to denial of such certificate.

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STATE MEDICAL BOARD

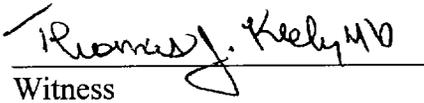
Surrender
JOHN NELSON DOWLING, M.D
Page 2

I further admit that I responded "No" to Question 15 of the Additional Information section of my application for a certificate to practice medicine and surgery in the state of Ohio, which asks, "Have you ever been treated but not hospitalized for emotional or mental illness, drug addiction or abuse, or an alcohol problem?" I admit that that answer was false in that I have received treatment for bipolar disorder beginning in 1989 and continuing to the present.

Signed this 11th day of August, 1999.


Signature of Physician


Witness


Witness

Sworn to and subscribed before me this _____ day of _____, 199_____

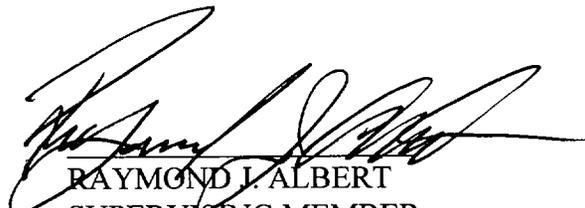
Notary Public

STATE MEDICAL BOARD
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SEAL (This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:


ANAND G. GARG, M.D.
SECRETARY


RAYMOND J. ALBERT
SUPERVISING MEMBER

10/13/99
DATE

10/14/99
DATE