

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :

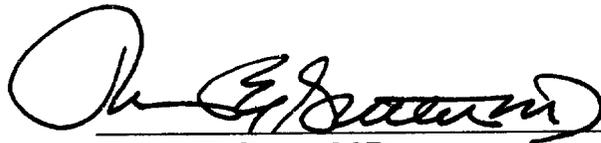
MICHAEL JOSEPH MIGNONA, D.P.M.

ENTRY OF ORDER

On January 31, 1997, Michael Joseph Mignona, D.P.M., executed a Voluntary Surrender of his Certificate to practice podiatric medicine and surgery with a consent to revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of Doctor Mignona'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. 36000896 authorizing Doctor Mignona to practice podiatric medicine and surgery be permanently REVOKED, effective February 11, 1997.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the eleventh day of February 11, 1997, and the original thereof shall be kept with said Journal.



Thomas E. Gretter, M.D.
Secretary

(seal)

4/10/97

Date

**STATE OF OHIO
THE STATE MEDICAL BOARD**

**SURRENDER OF CERTIFICATE
TO PRACTICE PODIATRIC MEDICINE AND SURGERY**

I, MICHAEL JOSEPH MIGNONA, D.P.M., 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, MICHAEL JOSEPH MIGNONA, D.P.M., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice podiatric medicine and surgery, No. 36000896, to the State Medical Board of Ohio, thereby relinquishing all rights to practice podiatric medicine and surgery in Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice podiatric 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 podiatric medicine and surgery No. 36000896 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 Podiatric 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 podiatric medicine and surgery, No. 36000896, 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 podiatric medicine and surgery.

I, MICHAEL JOSEPH MIGNONA, D.P.M., 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.

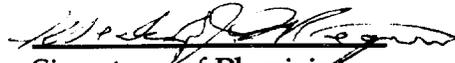
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This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

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 Section 4731.22(B).

Signed this 31 day of January, 1997.


Signature of Physician

Witness

Witness

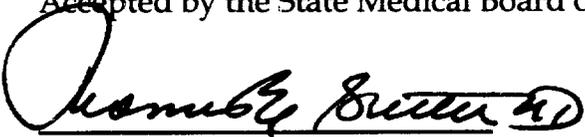
Sworn to and subscribed before me this 31st day of January, 1997.


Notary Public
JOHN A. WOOLWINE, Notary Public
In and for the State of Ohio
My Commission Expires June 22, 2000

SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:


THOMAS E. GRETER, M.D.
SECRETARY


RAYMOND J. ALBERT
SUPERVISING MEMBER