

**VOLUNTARY RETIREMENT FROM THE  
PRACTICE OF MEDICINE AND SURGERY**

I, JENNEMARY BOYD, 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, JENNEMARY BOYD, D.P. M., do hereby voluntarily, knowingly, and intelligently retire from the practice of Podiatry, effective immediately.

I, JENNEMARY BOYD, D.P.M., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice Podiatry, No. 36001449, to the Ohio State Medical Board.

I understand that I am no longer permitted to practice Podiatry in any form or manner in the State of Ohio, and that I may not apply for reregistration, reinstatement, or restoration of this certificate or issuance of any other certificate pursuant to Chapters 4730. and 4731. of the Revised Code. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, JENNEMARY BOYD, 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.

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 this described action herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22 (B) 26.

Signed this 19 day of December, 1990.

Jasmermary Boyd A.P.M.  
SIGNATURE OF PHYSICIAN

Robert Leon Howard  
WITNESS

Brenda H. Lawson - Investigator 12-19-90  
WITNESS

Sworn to and subscribed before me this 19th day of December  
1990.

(SEAL)

Eileen Paley  
NOTARY PUBLIC



EILEEN Y. PALEY, ATTORNEY AT LAW  
NOTARY PUBLIC - STATE OF OHIO  
My commission has no expiration date  
Sec. 147.03 R.C.

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Henry G. Cramblett  
HENRY G. CRAMBLETT, M.D.  
SECRETARY

Timothy S. Jost  
TIMOTHY S. JOST, ESQ.  
SUPERVISING MEMBER

11/4/91  
DATE

11/4/91  
DATE