

STATE MEDICAL BOARD  
OF OHIO

2004 MAR 12 A 10 AM  
REQUEST FOR PERMANENT WITHDRAWAL OF  
APPLICATION FOR MEDICAL LICENSURE

I, Richard Earl Brownstein, M.D., hereby request that my pending application for a certificate to practice medicine and surgery in the State of Ohio be withdrawn.

Further, I agree that I will not at any time apply for a certificate to practice medicine and surgery in the State of Ohio, and that any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, Richard Earl Brownstein, 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.

It is understood and agreed that this Request for Permanent Withdrawal of Application is not a disciplinary action, but 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, Richard Earl Brownstein, 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.

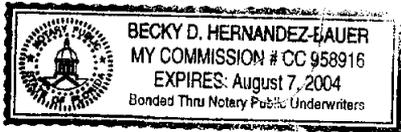
Further, this Request for Permanent Withdrawal of Application shall be accepted and become effective upon the last date of signature below.

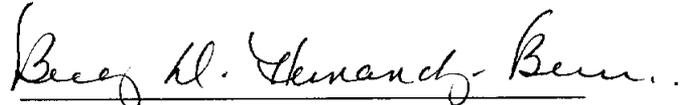


Signature

Sworn to before me on this 8<sup>th</sup> day of  
MARCH, 2004, 2004.

(SEAL)



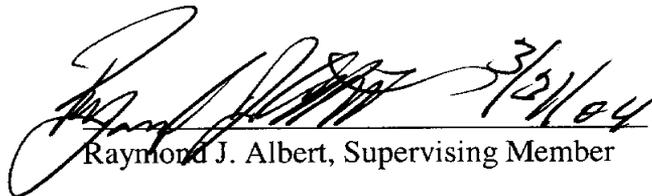


Notary

Accepted by the State Medical Board of Ohio:



Lance A. Talmage, M.D., Secretary



Raymond J. Albert, Supervising Member

3-31-04  
Date

\_\_\_\_\_  
Date