

August 30, 1995

John Gotlewski, P.D.
20220 Maple Leaf Court
Gaithersburg, Maryland 20879

George Voxakis, P.D.
Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: License No. 13514

Dear Dr. Voxakis:

Please be advised that I have decided to surrender and do hereby surrender my license to practice pharmacy in Maryland as a licensed pharmacist.

I acknowledge that the Board has charged me with violating provisions §12-313(2)(4)(14) and (20) of the Maryland Pharmacy Act, Health Occupations Article, Maryland Annotated Code.

Specifically, the Board charged me with fraudulently or deceptively using a license; providing professional services while using any narcotic or controlled dangerous substance, as defined in Article 27 of the Code; dispensing any drug for which a prescription is required without first having received a written or oral prescription for the drug from an authorized prescriber and professional incompetence.

A copy of the charging document dated August 17, 1995 is attached to and incorporated in this letter. Additionally, I acknowledge that based on the facts as stated in the charging document, the Board had reason to believe that my retention of a Maryland Pharmacist license posed a risk to the health, safety and welfare of the citizens of Maryland and; therefore, the Board voted to consider summary suspension of my license.

I do not deny the charges and the emergency which my activities created. My decision to surrender my license in Maryland has been prompted by my desire to avoid a time-consuming and expensive hearing on these charges and on whether an emergency existed.

In executing this letter unequivocally agreeing to surrender my license to the Board, I agree that I will not practice pharmacy in Maryland.

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In executing this letter, I also agree that if at any time I plan to seek reinstatement of my license to practice pharmacy in this state, I must meet all the conditions for reinstatement which are required by the Board at the time I seek reinstatement. Furthermore, I agree that I may not petition for reinstatement of my Maryland Pharmacy license before two (2) years from the date of surrender and that prior to seeking reinstatement of my Maryland Pharmacy license, I must provide written documentation to the Board of having successfully completed the following conditions:

1. random, observed urine screens, at least 8 per month, and reported monthly to the Board by the Pharmacists' Rehabilitation Committee (the "PRC");
2. monthly progress reports from PRC, myself and the therapist for my group therapy;
3. obtain thirty (30) Continuing Education credits, ten (10) of which shall be in the area of substance abuse, by September 30, 1996;
4. take and pass the reinstatement examination, the law examination and the laboratory examination with a 75% grade on each of the examinations;
5. no employment or volunteering in any pharmacy setting or presence in any capacity where I would have access to controlled drugs;
6. no presence in any prescription department for any reason.

If reinstatement is not granted, I agree that the Board may require me to retake the reinstatement examination, the law examination and the laboratory examination prior to my subsequently seeking reinstatement.

In executing this letter, I also agree that the Board reserves the right not to grant my petition for reinstatement and if the Board does reinstate my license I may be subject to probationary conditions.

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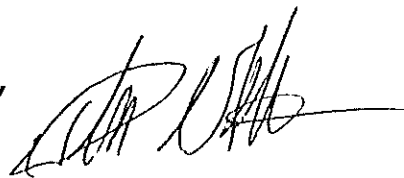
In executing this letter, I also agree that if at any time I plan to practice pharmacy in another state, I will notify the Maryland Board of Pharmacy in writing of my intent. I further agree that, in response to that notification, the Board may and will disclose to the licensing authority of the state in which I plan to practice pharmacy, the letter of voluntary surrender which I sign today and a copy of the charging document incorporated herein.

I further agree that if I fail to notify the Board of my intent to practice in another state, the Board may and will, upon learning of my practice or intent to practice in another state, disclose to the licensing authority of the state in which I practice or plan to practice, the letter of voluntary surrender which I sign today and a copy of the charging document incorporated herein.

I am enclosing with this letter my wall certificate. I previously surrendered my wallet-sized license on August 23, 1995.

Finally, I wish to make clear that I have been advised to consult with an attorney before signing this letter SURRENDERING my license to practice pharmacy in Maryland. I understand both the nature of the matter against me and also this letter to surrender fully. I make this decision voluntarily and knowingly and acknowledge that this letter of surrender shall be a public document subject to disclosure under State Government Article, Section 10-617(h).

Sincerely,



John Gotlewski, P.D.

JKB:vg
Enclosure

Sharon Ann Hyde
SHARON ANN HYDE
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires January 10, 1999