

Sharon Keister, D.D.S.
5018 Dorsey Hall Drive, Suite 105
Ellicott City, Maryland 21042

AUG 08 2008

December 31, 2007

John Timothy Modic, D.D.S.
President
Board of Dental Examiners
Spring Grove Hospital Center
Benjamin Rush Building
Wade Avenue
Baltimore, Maryland 21228

Dear Dr. Modic and Members of the Board,

Please be advised that I have decided to surrender my license to practice dentistry in the State of Maryland, License Number 8840. I understand that I may not give dental advice or treatment to any individual, with or without compensation, cannot prescribe medications, cannot own, operate or manage a dental practice, or otherwise engage in the practice of dentistry in the State of Maryland as defined in the Maryland Dentistry Act (the "Act"), Md. Health Occ. Code Ann., § 4-101, *et seq.* In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual.

I understand that this Letter of Surrender is a PUBLIC DOCUMENT.

My decision to surrender my license to practice dentistry in Maryland has been prompted, in part, by an investigation of my licensure by the Maryland Board of Dental Examiners (the "Board") and the Office of the Attorney General. The Board's investigation resulted in charges under the Act. In order to resolve the charges, I entered into a Consent Order with the Board on December 6, 2006. Under the terms and conditions of the Consent Order my license was suspended and following its reinstatement I was subject to numerous probationary terms and conditions. Rather than comply with the terms and conditions contained in the December 6, 2006, Consent Order, which is attached hereto and incorporated herein, and for other personal reasons, I have elected to surrender my license to practice dentistry.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender.

John Timothy Modic, D.D.S. and Members of the Board

RE: Sharon Keister, D.D.S.

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I further recognize and agree that by agreeing to this Letter of Surrender that my license will remain surrendered until such time as I apply for reinstatement of my license or for a new license. In the event that I apply for reinstatement of my Maryland license or for the issuance of a new Maryland dental license, I understand that that I will be required to comply with all of the terms and conditions contained in the December 6, 2006, Consent Order and that a revised Order will be issued with the applicable compliance dates. I also understand that I will be required to take the Dental Clinical Simulated Examination prior to seeking reinstatement. I also understand that if I apply for reinstatement or for a new license that I bear the burden of demonstrating to the Board that I am competent to practice dentistry and possess good moral character, as specified in Md. Health Occ. Code Ann. § 4-302(b). I understand that if I determine that I would like once again to practice dentistry in Maryland, I will approach the Board in the same posture as one whose license has been subject to discipline and that the Board will consider the application accordingly.

I hereby affirm that I do not currently practice dentistry in the State of Maryland and that I have no privileges of any kind at any hospital, outpatient facility, nursing home, or other health care facility in the State of Maryland.

I hereby affirm that I must sell my dental practice and provide sufficient evidence of the sale to the Board no later than October 31, 2007. If I am unable to sell the practice and can provide evidence of sufficient attempts at the sale, I can petition the Board for an extension of time.

I understand that the Board will advise the National Practitioner Data Bank, the Healthcare Integrity and Protection Databank, and other entities of this Letter of Surrender, and in response to any inquiry, that I have surrendered my license in lieu of complying with the terms and conditions of my December 6, 2006 Consent Order and for other personal reasons. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction, that this letter of Surrender along with all underlying investigative documents may be released to the requesting governmental or licensing body.

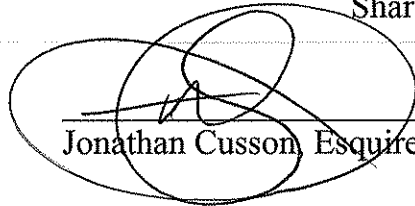
Finally, I wish to make clear that I have been notified of my right to consult with an attorney prior to signing this Letter of Surrender and that I have been advised by Jonathan Cusson, Esquire. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,

Sharon E. Keister, DDS

Sharon Keister, D.D.S.

Read and approved by:



Jonathan Cusson, Esquire

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this 7th day of August, 2008, before me, a Notary Public of the City/County aforesaid, personally appeared Sharon Keister, D.D.S., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was her voluntary act and deed.

AS WITNESS my hand and Notarial seal.


Notary Public

My commission expires: 6/1/09.

John Timothy Modic, D.D.S. and Members of the Board

RE: Sharon Keister, D.D.S.

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ACCEPTANCE

On behalf of the Maryland Board of Dental Examiners, on this 20th day of

August 2008, I accept Sharon Keister, D.D.S.'s, PUBLIC LETTER OF
SURRENDER of her license to practice dentistry in the State of Maryland.

John Timothy Modic
John Timothy Modic, D.D.S.
President
Board of Dental Examiners

cc: Kimberly S. Cammarata, Assistant Attorney General, Administrative Prosecutor