

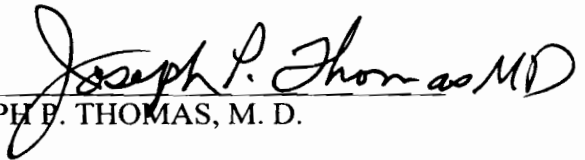
STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

VOLUNTARY SURRENDER

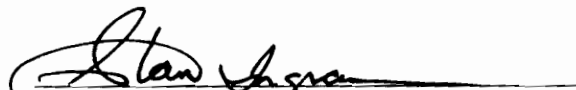
I, JOSEPH P. THOMAS, M. D., do voluntarily surrender my certificate of qualification and license to practice medicine in the State of Alabama, license number MD.9744, under the provisions of Ala. Code § 34-24-361(g)(2007). I acknowledge that this action is taken by me while under investigation by the Alabama State Board of Medical Examiners for alleged violations of Ala. Code § 34-24-360(19)a., being unable to practice medicine with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or any other substance, or as a result of any mental or physical condition.

I acknowledge that I sign this document willingly and that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence. I further acknowledge that this voluntary surrender constitutes a public record of the Alabama State Board of Medical Examiners and will be reported by the Board to the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank (NPDB/HIPDB) and to the Federation of State Medical Boards. This voluntary surrender may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 17th day of November, 2010.



JOSEPH P. THOMAS, M. D.



Witness