

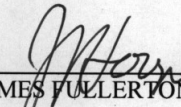
STATE OF ALABAMA)
MONTGOMERY COUNTY)

VOLUNTARY SURRENDER

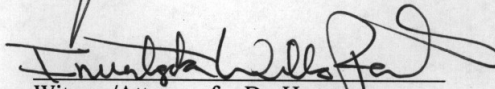
I, JAMES FULLERTON HOOPER, M. D., do voluntarily surrender my certificate of qualification and license to practice medicine in the State of Alabama, license number MD.12618, under the provisions of Ala. Code § 34-24-361(g)(2007). I acknowledge that this action is taken by me while under investigation by the Alabama State Board of Medical Examiners for alleged violations of Ala. Code § 34-24-360(8), distribution by prescribing, dispensing, furnishing, or supplying of controlled substances to any person or patient for any reason other than a legitimate medical purpose.

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 (NPDB) 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 7th day of July, 2016.



JAMES FULLERTON HOOPER



Witness/Attorney for Dr. Hooper

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

**VOLUNTARY SURRENDER OF
ALABAMA CONTROLLED SUBSTANCES CERTIFICATE**

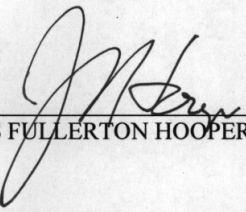
After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

I, **James Fullerton Hooper, M. D.**, surrender any authority under my Alabama Controlled Substances Certificate, ACSC number ACSC.12618, to order, manufacture, distribute, possess, dispense, administer or prescribe Schedule II, IIN, III, IIIN, IV and/or V controlled substances. I acknowledge that this action is taken by me while under investigation by the Alabama Board of Medical Examiners for the alleged prescribing of controlled substances for no legitimate medical purpose and violation of Alabama Board of Medical Examiners Rules concerning the prescribing of controlled substances.

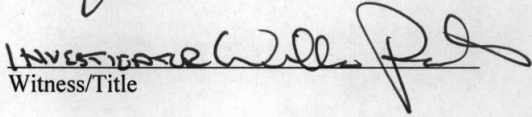
I understand and acknowledge I will have no authority to order, dispense, distribute, administer or prescribe controlled substances in the state of Alabama.

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 (NPDB) 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 7th day of July, 2016.



JAMES FULLERTON HOOPER, M. D.



Investigator
Witness/Title