

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation)
Against:)
)
)
J. EDUARDO GUZMAN, M.D.)
)
Physician's and Surgeon's)
Certificate No. A38124)
)
Respondent)
_____)

Case No. 800-2016-027559

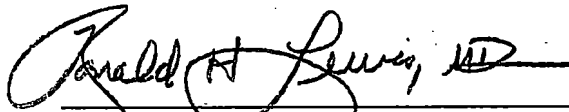
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on May 17, 2019.

IT IS SO ORDERED: April 17, 2019.

MEDICAL BOARD OF CALIFORNIA



**Ronald Lewis, M.D., Chair
Panel A**

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KEITH C. SHAW
Deputy Attorney General
4 State Bar No. 227029
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9515
7 Facsimile: (619) 645-2012

8 *Attorneys for Complainant*

9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

15 **J. EDUARDO GUZMAN, M.D.**

16 **420 N Montebello BL #204**
17 **Montebello, CA 90640**

18 **Physician's and Surgeon's Certificate No.**
19 **A 38124**

20 Respondent.

Case No. 800-2016-027559

OAH No. 2018100603

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

21
22 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
23 entitled proceedings that the following matters are true:

24 PARTIES

25 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
26 of California (Board). She brought this action solely in her official capacity and is represented in
27 this matter by Xavier Becerra, Attorney General of the State of California, by Keith C. Shaw,
28 Deputy Attorney General.

1 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
2 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
3 signatures thereto, shall have the same force and effect as the originals.

4 15. In consideration of the foregoing admissions and stipulations, the parties agree that
5 the Board may, without further notice or formal proceeding, issue and enter the following
6 Disciplinary Order:

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 38124 issued
9 to Respondent J. Eduardo Guzman, M.D., is revoked. However, the revocation is stayed and
10 Respondent is placed on probation for three (3) years from the effective date of the Decision and
11 Order on the following terms and conditions.

12 1. **CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO**
13 **RECORDS AND INVENTORIES.** Respondent shall maintain a record of all controlled
14 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any
15 recommendation or approval which enables a patient or patient's primary caregiver to possess or
16 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
17 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and
18 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;
19 and 4) the indications and diagnosis for which the controlled substances were furnished.

20 Respondent shall keep these records in a separate file or ledger, in chronological order. All
21 records and any inventories of controlled substances shall be available for immediate inspection
22 and copying on the premises by the Board or its designee at all times during business hours and
23 shall be retained for the entire term of probation.

24 2. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
25 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
26 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
27 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
28 correcting any areas of deficient practice or knowledge, including prescribing of controlled

1 substances, and shall be Category I certified. The educational program(s) or course(s) shall be at
2 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
3 requirements for renewal of licensure. Following the completion of each course, the Board or its
4 designee may administer an examination to test Respondent's knowledge of the course.
5 Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in
6 satisfaction of this condition.

7 3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
8 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
9 advance by the Board or its designee. Respondent shall provide the approved course provider
10 with any information and documents that the approved course provider may deem pertinent.
11 Respondent shall participate in and successfully complete the classroom component of the course
12 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
13 complete any other component of the course within one (1) year of enrollment. The prescribing
14 practices course shall be at Respondent's expense and shall be in addition to the Continuing
15 Medical Education (CME) requirements for renewal of licensure.

16 A prescribing practices course taken after the acts that gave rise to the charges in the
17 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
18 or its designee, be accepted towards the fulfillment of this condition if the course would have
19 been approved by the Board or its designee had the course been taken after the effective date of
20 this Decision.

21 Respondent shall submit a certification of successful completion to the Board or its
22 designee not later than 15 calendar days after successfully completing the course, or not later than
23 15 calendar days after the effective date of the Decision, whichever is later.

24 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
25 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
26 advance by the Board or its designee. Respondent shall provide the approved course provider
27 with any information and documents that the approved course provider may deem pertinent.
28 Respondent shall participate in and successfully complete the classroom component of the course

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
2 complete any other component of the course within one (1) year of enrollment. The medical
3 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
4 Medical Education (CME) requirements for renewal of licensure.

5 A medical record keeping course taken after the acts that gave rise to the charges in the
6 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
7 or its designee, be accepted towards the fulfillment of this condition if the course would have
8 been approved by the Board or its designee had the course been taken after the effective date of
9 this Decision.

10 Respondent shall submit a certification of successful completion to the Board or its
11 designee not later than 15 calendar days after successfully completing the course, or not later than
12 15 calendar days after the effective date of the Decision, whichever is later.

13 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
14 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
15 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
16 Respondent shall participate in and successfully complete that program. Respondent shall
17 provide any information and documents that the program may deem pertinent. Respondent shall
18 successfully complete the classroom component of the program not later than six (6) months after
19 Respondent's initial enrollment, and the longitudinal component of the program not later than the
20 time specified by the program, but no later than one (1) year after attending the classroom
21 component. The professionalism program shall be at Respondent's expense and shall be in
22 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

23 A professionalism program taken after the acts that gave rise to the charges in the
24 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
25 or its designee, be accepted towards the fulfillment of this condition if the program would have
26 been approved by the Board or its designee had the program been taken after the effective date of
27 this Decision.

28 ///

1 Respondent shall submit a certification of successful completion to the Board or its
2 designee not later than 15 calendar days after successfully completing the program or not later
3 than 15 calendar days after the effective date of the Decision, whichever is later.

4 6. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
5 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
6 program approved in advance by the Board or its designee. Respondent shall successfully
7 complete the program not later than six (6) months after Respondent's initial enrollment unless
8 the Board or its designee agrees in writing to an extension of that time.

9 The program shall consist of a comprehensive assessment of Respondent's physical and
10 mental health and the six general domains of clinical competence as defined by the Accreditation
11 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
12 Respondent's current or intended area of practice. The program shall take into account data
13 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
14 Accusation(s), and any other information that the Board or its designee deems relevant. The
15 program shall require Respondent's on-site participation for a minimum of three (3) and no more
16 than five (5) days as determined by the program for the assessment and clinical education
17 evaluation. Respondent shall pay all expenses associated with the clinical competence
18 assessment program.

19 At the end of the evaluation, the program will submit a report to the Board or its designee
20 which unequivocally states whether the Respondent has demonstrated the ability to practice
21 safely and independently. Based on Respondent's performance on the clinical competence
22 assessment, the program will advise the Board or its designee of its recommendation(s) for the
23 scope and length of any additional educational or clinical training, evaluation or treatment for any
24 medical condition or psychological condition, or anything else affecting Respondent's practice of
25 medicine. Respondent shall comply with the program's recommendations.

26 Determination as to whether Respondent successfully completed the clinical competence
27 assessment program is solely within the program's jurisdiction.

28 ///

1 If Respondent fails to enroll, participate in, or successfully complete the clinical
2 competence assessment program within the designated time period, Respondent shall receive a
3 notification from the Board or its designee to cease the practice of medicine within three (3)
4 calendar days after being so notified. The Respondent shall not resume the practice of medicine
5 until enrollment or participation in the outstanding portions of the clinical competence assessment
6 program have been completed. If the Respondent did not successfully complete the clinical
7 competence assessment program, the Respondent shall not resume the practice of medicine until a
8 final decision has been rendered on the accusation and/or a petition to revoke probation. The
9 cessation of practice shall not apply to the reduction of the probationary time period.]

10 Within 60 days after Respondent has successfully completed the clinical competence
11 assessment program, Respondent shall participate in a professional enhancement program
12 approved in advance by the Board or its designee, which shall include quarterly chart review,
13 semi-annual practice assessment, and semi-annual review of professional growth and education.
14 Respondent shall participate in the professional enhancement program at Respondent's expense
15 during the term of probation, or until the Board or its designee determines that further
16 participation is no longer necessary.

17 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
18 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
19 Chief Executive Officer at every hospital where privileges or membership are extended to
20 Respondent, at any other facility where Respondent engages in the practice of medicine,
21 including all physician and locum tenens registries or other similar agencies, and to the Chief
22 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
23 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
24 calendar days.

25 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

26 8. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
27 prohibited from supervising physician assistants.

28 ///

1 9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
2 governing the practice of medicine in California and remain in full compliance with any court
3 ordered criminal probation, payments, and other orders.

4 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
5 under penalty of perjury on forms provided by the Board, stating whether there has been
6 compliance with all the conditions of probation.

7 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
8 of the preceding quarter.

9 11. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

11 Respondent shall comply with the Board's probation unit.

12 Address Changes

13 Respondent shall, at all times, keep the Board informed of Respondent's business and
14 residence addresses, email address (if available), and telephone number. Changes of such
15 addresses shall be immediately communicated in writing to the Board or its designee. Under no
16 circumstances shall a post office box serve as an address of record, except as allowed by Business
17 and Professions Code section 2021(b).

18 Place of Practice

19 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
20 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
21 facility.

22 License Renewal

23 Respondent shall maintain a current and renewed California physician's and surgeon's
24 license.

25 Travel or Residence Outside California

26 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
27 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
28 (30) calendar days.

1 In the event Respondent should leave the State of California to reside or to practice,
2 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
3 departure and return.

4 12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
5 available in person upon request for interviews either at Respondent's place of business or at the
6 probation unit office, with or without prior notice throughout the term of probation.

7 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
9 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
10 defined as any period of time Respondent is not practicing medicine as defined in Business and
11 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
12 patient care, clinical activity or teaching, or other activity as approved by the Board. If
13 Respondent resides in California and is considered to be in non-practice, Respondent shall
14 comply with all terms and conditions of probation. All time spent in an intensive training
15 program which has been approved by the Board or its designee shall not be considered non-
16 practice and does not relieve Respondent from complying with all the terms and conditions of
17 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
18 on probation with the medical licensing authority of that state or jurisdiction shall not be
19 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
20 period of non-practice.

21 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
22 months, Respondent shall successfully complete the Federation of State Medical Board's Special
23 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
24 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
25 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

26 Respondent's period of non-practice while on probation shall not exceed two (2) years.

27 Periods of non-practice will not apply to the reduction of the probationary term.

28 Periods of non-practice for a Respondent residing outside of California will relieve

1 Respondent of the responsibility to comply with the probationary terms and conditions with the
2 exception of this condition and the following terms and conditions of probation: Obey All Laws;
3 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
4 Controlled Substances; and Biological Fluid Testing.

5 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
6 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
7 completion of probation. Upon successful completion of probation, Respondent's certificate shall
8 be fully restored.

9 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
10 of probation is a violation of probation. If Respondent violates probation in any respect, the
11 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
12 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
13 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
14 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
15 the matter is final.

16 16. LICENSE SURRENDER. Following the effective date of this Decision, if
17 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
18 the terms and conditions of probation, Respondent may request to surrender his or her license.
19 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
20 determining whether or not to grant the request, or to take any other action deemed appropriate
21 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
22 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
23 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
24 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
25 application shall be treated as a petition for reinstatement of a revoked certificate.

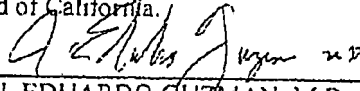
26 17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
27 with probation monitoring each and every year of probation, as designated by the Board, which
28 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

1 California and delivered to the Board or its designee no later than January 31 of each calendar
2 year.

3 ACCEPTANCE

4 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
5 discussed it with my attorney, Mark B. Connely, Esq. I understand the stipulation and the effect
6 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement
7 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
8 Decision and Order of the Medical Board of California.

9 DATED: 2/26/2019


10 J. EDUARDO GUZMAN, M.D.
Respondent

11 I have read and fully discussed with Respondent J. Eduardo Guzman, M.D., the terms and
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
13 I approve its form and content.

14 DATED: 2/26/19


15 MARK B. CONNELLY, ESQ.
Attorney for Respondent

Catherine Hall for


16 ENDORSEMENT

17 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
18 submitted for consideration by the Medical Board of California.

19 Dated: 2/26/19

20 Respectfully submitted,

21 XAVIER BECERRA
22 Attorney General of California
23 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General


24 KEITH C. SHAW
25 Deputy Attorney General
26 Attorneys for Complainant

27 SF2018200754
71751066.docx

Exhibit A

Accusation No. 800-2016-027559

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KEITH C. SHAW
Deputy Attorney General
4 State Bar No. 227029
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9515
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 21 2018
BY: *[Signature]* ANALYST

10 BEFORE THE
11 MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
12 STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2016-027559

14 **J. Eduardo Guzman, M.D.**
15 **420 N Montebello Blvd. #204**
Montebello, Ca 90640

ACCUSATION

16 Physician's and Surgeon's Certificate
17 No. A 38124,

18 Respondent.

19
20 Complainant alleges:

21 PARTIES

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
23 capacity as the Executive Director of the Medical Board of California (Board).

24 2. On or about March 8, 1982, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 38124 to J. Eduardo Guzman, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on June 30, 2019, unless renewed.

28 ///

1 JURISDICTION

2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 A. Section 2227 of the Code provides in part that the Board may revoke, suspend for a
6 period not to exceed one year, or place on probation, the license of any licensee who has been
7 found guilty under the Medical Practice Act, and may recover the costs of probation monitoring.

8 B. Section 2229 of the Code states that the protection of the public shall be the highest
9 priority for the Board in exercising their disciplinary authority. While attempts to rehabilitate a
10 licensee should be made when possible, Section 2229(c) states that when rehabilitation and
11 protection are inconsistent, protection shall be paramount.

12 C. Section 2234 of the Code, states in part:

13 "The board shall take action against any licensee who is charged with unprofessional
14 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
15 limited to, the following:

16 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
17 violation of, or conspiring to violate any provision of this chapter.

18 "(b) Gross negligence.

19 "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
20 omissions. An initial negligent act or omission followed by a separate and distinct departure from
21 the applicable standard of care shall constitute repeated negligent acts.

22 "(1) An initial negligent diagnosis followed by an act or omission medically appropriate for
23 that negligent diagnosis of the patient shall constitute a single negligent act.

24 "(2) When the standard of care requires a change in the diagnosis, act, or omission that
25 constitutes the negligent act described in paragraph (1), including, but not limited to, a
26 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
27 applicable standard of care, each departure constitutes a separate and distinct breach of the
28 standard of care.

1 10. On or about August 19, 2014, Patient A, a then 35-year old female, was first seen by
2 Respondent after being referred by her primary care physician for medication management. She
3 presented to Respondent with Adderall 90 mg/day.

4 11. Respondent renewed the Adderall prescription monthly until on or about December 2,
5 2014, at which time Patient A reported that she was having difficulty with her school work and
6 also voiced concern about being overweight. During this visit, Respondent added Phentermine 30
7 mg/day, which was subsequently increased to 45 mg/day on or about December 23, 2014, then
8 lowered back to 30 mg/day on or about April 28, 2015.

9 12. On or about March 17, 2015, Patient A requested an early refill for Adderall,
10 claiming the medication had been lost. Respondent wrote the prescription. On or about June 9,
11 2015, Respondent discontinued Phentermine as it had been ineffective.

12 13. On or about March 8, 2016, Patient A again reported losing her prescription of
13 Adderall. Respondent wrote an early refill of Adderall just two weeks after the previous
14 prescription. On or about March 18, 2016, Respondent wrote another prescription for Adderall,
15 and restarted Phentermine at 150 mg/day for weight loss. It appears yet another prescription for
16 Adderall was written just several days later on or about March 22, 2016.

17 14. On or about September 22, 2016, Patient A reported to Respondent that her
18 prescriptions had possibly been stolen while she was moving to Santa Barbara. Respondent wrote
19 an early refill for Adderall and Patient A indicated she would provide him with the police report
20 from the incident.

21 15. On or about May 25, 2017, Patient A reported another lost prescription for Adderall,
22 indicating it was destroyed by her pet bird. Respondent wrote another early refill prescription for
23 Adderall.

24 16. CURES reports for Patient A indicate that she was taking on average 138 mg/day of
25 Adderall and 68 mg/day of Phentermine between August 2017 and January 2018. In 2016,
26 Patient A averaged taking 160 mg/day of Adderall, followed by an average of 116 mg/day of
27 Adderall in 2017. The reports indicate Patient A was filling prescriptions only written by
28 Respondent, and that she filled prescriptions at two (2) different pharmacies.

P R A Y E R

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision: .

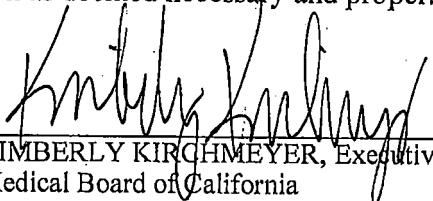
1. Revoking or suspending Physician's and Surgeon's Certificate No. A 38124, issued to J. Eduardo Guzman, M.D.;

2. Revoking, suspending or denying approval of J. Eduardo Guzman, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering J. Eduardo Guzman, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: August 21, 2018


KIMBERLY KIRCHMEYER, Executive Director
Medical Board of California
State of California
Complainant

SF2018200754
71529130.DOC