

**VOLUNTARY SURRENDER OF CONTROLLED SUBSTANCES PRIVILEGES**

File No.

With the understanding that I am not required to surrender my controlled substances privileges, I freely and under no duress, implied or express, execute this document and choose to take the actions described herein.

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part;

In view of my desire to terminate handling of controlled substances listed in Schedule(s) 2-5;

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in Schedule(s) 2-5 as evidence of my intent to relinquish my privilege to handle controlled substances listed in Schedule(s) 2-5.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration (and if not all controlled substances privileges are surrendered, be issued a new registration certificate limited to Schedule(s) 2-5).

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

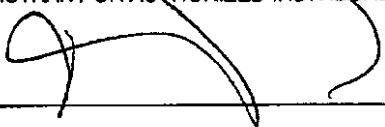
I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other controlled substance activities whatsoever, except (if applicable) as limited above.

NAME OF REGISTRANT (Print)  
Donna Desimone

ADDRESS OF REGISTRANT

DEA REGISTRATION NO.  
AD2437401

SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL



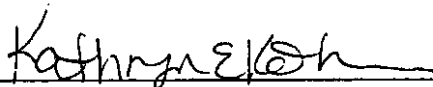
DATE

4-25-13

**WITNESSES**

NAME AND DATE

TITLE

  
NAME AND DATE

4/25/13

Diversion Investigator

  
NAME AND DATE

4/25/13

Diversion Investigator

**PRIVACY ACT**

- AUTHORITY:** Section 301 of the Controlled Substances Act of 1970 (21 U.S.C. 821).  
**PURPOSE:** Permit voluntary surrender of controlled substances.  
**ROUTINE USES:** The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:  
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.  
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.  
 C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.  
**EFFECT:** Submission of this information is voluntary. There is no effect on the individual if not provided.

**U.S. DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION**

**NOTICE OF INSPECTION  
OF CONTROLLED PREMISES**

<b>DEA USE ONLY</b>
FILE NUMBER

NAME OF INDIVIDUAL Donna Desimone		TITLE DO
NAME OF CONTROLLED PREMISES		DEA REGISTRATION NO. AD2437401
NUMBER AND STREET		DATE 4/25/13
CITY AND STATE	ZIP CODE	TIME (initial inspection) 2:50pm

**STATEMENT OF RIGHTS**

1. You have a constitutional right not to have an administrative inspection made without an administrative inspection warrant.
2. You have the right to refuse to consent to this inspection.
3. Anything of an incriminating nature which may be found may be seized and used against you in a criminal prosecution.
4. You shall be presented with a copy of this Notice of Inspection.
5. You may withdraw your consent at any time during the course of the inspection.

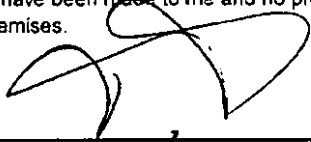
**ACKNOWLEDGMENT AND CONSENT**

I, Donna Desimone (Name) have been advised of the above Statement of Rights  
by DEA Diversion Investigator Kathryn Kohman (Title and Name), who

has identified himself/herself to me with his/her credentials and presented me with this Notice of Inspection containing a copy of sections 302(f) and 510(a), (b) and (c) of the Controlled Substances Act (21 U.S.C. 822(f) and 21 U.S.C. 880(a), (b) and (c), printed hereon, \* authorizing an inspection of the above-described controlled premises. I hereby acknowledge receipt of this Notice of Inspection. In addition, I hereby certify that I am the doctor (President) (Manager) (Owner)

for the premises described in this Notice of Inspection; that I have read the foregoing and understand its contents; that I have authority to act in this matter and have signed this Notice of Inspection pursuant to my authority.

I understand what my rights are concerning inspection. No threats or promises have been made to me and no pressure of any kind has been used against me. I voluntarily give consent for inspection of these controlled premises.

  
\_\_\_\_\_  
(Signature)  
4/25/13  
\_\_\_\_\_  
(Date)

**WITNESSES:**

DI Kathryn Kohman (signed) 4/25/13 (date)  
Angie Fuchs (signed) 4/25/13 (date)

\* See Reverse