

TO THE BOARD OF MEDICAL EXAMINERS:

I Joanna M. GAWOROSKI hereby voluntarily
surrender my license to practice medicine in
the state of North Carolina,

This the 14th day of October 1988,

Joanna M. Gaworoski MD
JOANNA M. GAWOROSKI

WITNESS

William H. Breyer

L. J. Seave



BRYANT D. PARIS, JR.
EXECUTIVE SECRETARY
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OF THE
STATE OF NORTH CAROLINA

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This certifies that

JOANNA M. GAWOROWSKI

whose credentials have been examined and found to be satisfactory, is hereby authorized to practice medicine and surgery in the State of North Carolina, under the authority of the State and the regulations of this Board; provided, however, that it is understood that this permission is issued pursuant to the authorization of the Board to the undersigned and in no way obligates the Board of Medical Examiners to continue this authorization to practice medicine beyond the date of January 31, 1990. Limited to Broughton Hospital, Morganton, North Carolina.

This the 28th day of January, 1989.

Bryant D. Paris, Jr.

Bryant D. Paris, Jr., Executive Secretary
BOARD OF MEDICAL EXAMINERS OF THE
STATE OF NORTH CAROLINA

TEMPORARY PERMIT NUMBER 4457

SEAL