

**BEFORE THE
LOUISIANA STATE BOARD
OF MEDICAL EXAMINERS**

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<p>IN THE MATTER OF:</p> <p>JONATHAN D. TUNIS, M.D. (Certificate No. 018844),</p> <p style="text-align:right"><i>Respondent.</i></p>	<p>:</p> <p>:</p> <p>:</p> <p>:</p>	<p>Investigative File No. 96-I-066</p> <p>STIPULATION & AGREEMENT TO VOLUNTARY SURRENDER OF LICENSE</p>
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BEFORE ME, the undersigned authority, personally came and appeared:
JONATHAN D. TUNIS, M.D.
who, after being duly sworn by me, Notary Public, did depose and say that:

Dr. Jonathan D. Tunis ("Dr. Tunis") hereby stipulates and agrees as follows:

I.

Dr. Tunis is a physician whose license to practice medicine in the State of Louisiana, is suspended for non-renewal as of this time; however, Dr. Tunis is technically eligible to apply for renewal of such license.

II.

Dr. Tunis practices in the State of Michigan and has no intention of practicing medicine further in the State of Louisiana.

III.

Dr. Tunis is aware that the Louisiana State Board of Medical Examiners (the "Board") has made inquiries and was prepared to take formal action against his Louisiana license particularly because of restrictions and conditions imposed on his Michigan medical license by the Michigan Board of Medicine as a result of his misdemeanor conviction of

Use of Schedule 2 Narcotics.¹ Dr. Tunis is aware that the Board is empowered so to act by law.²

IV.

Rather than contest any further action by the Board, Dr. Tunis hereby voluntarily and freely surrenders all further rights to his Louisiana medical license (number 018844), including his rights of renewal and reinstatement. In furtherance thereof, Dr. Tunis waives all of his rights under the law: to be formally charged in an Administrative Complaint, to have those charges proved against him by evidence, to appear and confront adverse witnesses, to submit evidence on his own behalf, to have the presence and assistance of legal counsel, to have any further hearing, as well as his rights to appeal the action of the Board, or any other right to which he may be afforded by the Louisiana Administrative Procedure Act, La. Rev. Stat. §49:951, *et seq.*, or otherwise.

V.

Dr. Tunis further stipulates and agrees that this instrument constitutes a waiver and forfeiture of any and all of his rights to practice medicine in the State of Louisiana at any time in the future and that should he ever make application for renewal or reinstatement of his Louisiana medical license, it will be refused.

VI.

By his subscription hereto, Dr. Tunis acknowledges and agrees that this Stipulation and Agreement will be and will be deemed to be a Public Record.

¹ *In the Matter of Jonathan David Tunis, M.D.*, Consent Order, Complaint No. 43-96-0676-00, pending before the State of Michigan, Department of Consumer and Industry Services, Bureau of Occupational and Professional Regulation, Board of Medicine, Disciplinary Subcommittee (August 21, 1996).

² Pursuant to La. Rev. Stat. §37:1285A(29), the Board may take action against the license of an individual licensed to practice medicine in the State of Louisiana, or eligible to seek renewal of his license to practice medicine in Louisiana, as a result of: "[T]he refusal of a licensing authority of another state to issue or renew a license, permit or certificate to practice medicine ... in that state or the revocation, suspension, or other restriction imposed on a license, permit, or certificate issued by such licensing authority which prevents or restricts practice in that state"

VII.

Dr. Tunis waives any right to which he may be entitled by law or otherwise to contest his agreement to, or the force and effect of, this document in any court or other forum relating to the matters referred to herein.

VIII.

Dr. Tunis stipulates that he has been advised by his own personal legal counsel of the legal effect of this document.

IN WITNESS WHEREOF, I, Jonathan D. Tunis, M.D. hereby acknowledge my agreement, approval and acceptance of the foregoing Stipulation and Agreement to Voluntary Surrender of License, this 1 day of May, 1997.

[Signature]
JONATHAN D. TUNIS, M.D.

WITNESSES:

Mary Bell
Signature
MARY BELL 2652 CLYDE PARK
Printed Name & Address WYOMING, MI 49509

Sharon Shotwell
Signature
SHARON SHOTWELL 2615 COIT NE
Printed Name & Address GRAND RAPIDS, MI 49505

Sworn to and subscribed before me, Notary Public, in the presence of the two above named witnesses, this 1st day of May, 1997 at Grand Rapids, Michigan.

BETHANY J. ANDERSON-KANDOW
NOTARY PUBLIC - KENT COUNTY, MI
MY COMMISSION EXPIRES 07/14/00

[Signature]
Notary Public
In and for the County of Kent
State of Michigan


My Commission expires on 7-14-00

ACCEPTANCE

The foregoing Stipulation and Agreement to Voluntary Surrender of License of Jonathan D. Tunis, M.D. is hereby Accepted and Approved by the Louisiana State Board of Medical Examiners this 21st day of May, 1997.

LOUISIANA STATE BOARD
OF MEDICAL EXAMINERS

B Y :



KEITH C. FERDINAND, M.D.
PRESIDENT