BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

ANTHONY FREDERICK ROSSI, D.P.M.

ENTRY OF ORDER

On November 10, 2016, Anthony Frederick Rossi, D.P.M., executed a Surrender of his license to practice podiatric medicine in Ohio with consent to permanent revocation, which document is attached hereto and fully incorporated herein.

Wherefore, upon ratification by the Board of the surrender, it is hereby ORDERED that Certificate No. 36.002539 authorizing Anthony Frederick Rossi, D.P.M., to practice podiatric medicine in the State of Ohio be permanently REVOKED.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 14th day of December 2016, and the original thereof shall be kept with said Journal.

Kim G. Rothermel, M.D.
Secretary

(SEAL)

December 14, 2016

Date
STATE OF OHIO
THE STATE MEDICAL BOARD
PERMANENT SURRENDER OF CERTIFICATE
TO PRACTICE PODIATRIC MEDICINE
16-CRF-0129

Do not sign this agreement without reading it. An individual who permanently surrenders a certificate issued by the Board is forever thereafter ineligible to hold a certificate to practice or to apply to the Board for reinstatement of the certificate or issuance of any new certificate. You are permitted to be accompanied, represented and advised by an attorney at your own expense, before deciding to sign this voluntary agreement.

I, Anthony Frederick Rossi, D.P.M., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Anthony Frederick Rossi, D.P.M., do hereby voluntarily, knowingly, and intelligently surrender by certificate to practice podiatric medicine, License #36.002539 to the Board, thereby relinquishing all rights to practice podiatric medicine in Ohio. I understand that as a result of the surrender herein I will no longer be permitted to practice podiatric medicine in any form or manner in the State of Ohio in the future.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice podiatric medicine License #36.002539 or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Permanent Surrender of Certificate to Practice Podiatric medicine. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice podiatric medicine, License #36.002539, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice podiatric medicine.

I, Anthony Frederick Rossi, D.P.M., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. I, Anthony Frederick Rossi, D.P.M., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.
I stipulate and agree that I am taking the action described herein in lieu of further formal disciplinary proceedings in Case No. 16-CRF-0129, pursuant to Section 4731.22(B)(24), Ohio Revised Code, as set forth in the Notice of Opportunity for Hearing issued by the Board on September 14, 2016, a copy of which is attached hereto as Exhibit A and fully incorporated herein. I admit to the allegations contained in the September 14, 2016, Notice of Opportunity for hearing.

EFFECTIVE DATE

It is expressly understood that this Permanent Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

ANTHONY FREDERICK ROSSI, D.P.M.  KIM G. ROTHERMEL, M.D.

11-10-16                                      12-14-16

DATE                                            DATE

DATE

SAVIO RIDE, ESQ.
Attorney for Dr. Anthony Rossi

BRUCE R. SAFERIN, D.P.M.
Supervising Member

11-14-16                                      12-14-16

DATE                                            DATE

DATE

EMILY A. PELPHREY
Assistant Attorney General

11-17-16

DATE
September 14, 2016

Case number: 16-CRF-0139

Anthony Frederick Rossi, D.P.M.
192 N. Buhl Farm Dr.
Hermitage, PA 16148

Dear Doctor Rossi:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice podiatric medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

(1) On or about December 15, 2015, you executed a Voluntary Surrender of Controlled Substances Privileges [Voluntary Surrender] to the U.S. Department of Justice – Drug Enforcement Administration, based on your alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of your good faith in desiring to remedy any incorrect or unlawful practices on your part. A copy of the Voluntary Surrender is attached hereto and incorporated herein.

The Voluntary Surrender as alleged in paragraph (1) above, constitute “[t]he revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States department of defense or department of veterans affairs or the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice,” as that clause is used in Section 4731.22(B)(24), Ohio Revised Code.

Furthermore, for any violations that occurred on or after September 29, 2015, the board may impose a civil penalty in an amount that shall not exceed twenty thousand dollars, pursuant to Section 4731.225, Ohio Revised Code. The civil penalty may be in addition to any other action the board may take under section 4731.22, Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

Mailed 9-15-16
You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice podiatric medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,

Kim G. Rothermel, M.D.
Secretary

KGR/MRB/flb
Enclosures

CERTIFIED MAIL #91 7199 9991 7034 8391 8908
RETURN RECEIPT REQUESTED
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) ________;

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in Schedule(s) A/1 as evidence of my intent to relinquish my privilege to handle controlled substances listed in Schedule(s) A/1.

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) ________).

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.

<table>
<thead>
<tr>
<th>NAME OF REGISTRANT (Print)</th>
<th>ADDRESS OF REGISTRANT</th>
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<tbody>
<tr>
<td>Anthony F. Rossi, QM</td>
<td>192 W. Quill Farm Dr</td>
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<td></td>
<td>Hermitage, Pa. 16148</td>
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<tr>
<th>DEA REGISTRATION NO.</th>
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<td>B017197Y</td>
<td>12-18-15</td>
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<thead>
<tr>
<th>SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL</th>
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<tr>
<th>WITNESSES</th>
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<tr>
<td>Kurt G. Dittmer</td>
<td>Group Supervisor</td>
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<td>Drug Enforcement Administration</td>
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<tr>
<td>Eric T. Lingley</td>
<td>Special Agent</td>
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<td>F.B.I.</td>
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<th>AUTHORITY:</th>
<th>PURPOSE:</th>
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<th>ROUTINE USES:</th>
<th>EFFECT:</th>
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<td>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:</td>
<td>Submission of this information is voluntary. There is no effect on the individual if not provided.</td>
</tr>
<tr>
<td>A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.</td>
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</tr>
<tr>
<td>B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
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</tbody>
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FORM DEA-104 (11/11) Previous editions obsolete