Attachment "A"

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS

Re: Reda MiGeed, R.N., A.P.R.N.
License Nos.: E53703; 002266

Petition Nos. 2003-0610-012-004;
2003-0610-010-050

VOLUNTARY SURRENDER

Reda MiGeed, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.

2. I make this affidavit on the basis of personal knowledge.

3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice registered nursing. I presently hold license number E53703.

4. I am licensed by the Department to practice advance practice registered nursing. I presently hold license number 002266.

5. I hereby voluntarily surrender my licenses to practice registered nursing and advanced practice registered nursing in the State of Connecticut.

6. I understand and agree that if I seek a new license or to reinstate a license at any time in the future, the allegations contained in Petition Numbers 2003-0610-012-004 and 2003-0610-010-050 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion, after seeking the advice of the Connecticut Board of Examiners for Nursing (hereinafter "the Board"), as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions. No reinstatement shall become effective until the Department seeks the advice of the Board.

7. I hereby waive any right to a hearing I may have regarding any request that a license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.

8. I understand and agree that this affidavit and the case files in Petition Numbers 2003-0610-012-004 and 2003-0610-010-050 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petitions.

9. I understand that this surrender of my licenses is a reportable event and is public information.

10. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition Nos. 2003-0610-012-004 and 2003-0610-010-050. I understand that this document is not effective unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.

11. I understand that I have the right to consult with an attorney prior to signing this affidavit.

12. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

R. [illegible]
Reda MiGeed

Subscribed and sworn to before me this 16 day of October 2003.

Patricia Deso
Notary Public
Commissioner of Superior Court

PATRICIA DESO, Notary Public
My Commission Expires October 13, 2006

Accepted: [illegible]
Stanley K. Peck, Director, Legal Office
Bureau of Healthcare Systems

11/13/03
Date