

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

Re: Michael Ianniello, D.P.M.
License No.: 000595

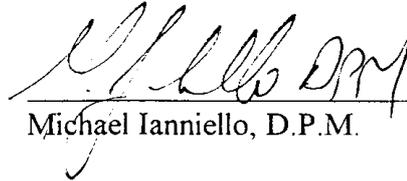
Petition No. 960827-019-008

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE

Michael Ianniello, D.P.M., being duly sworn, deposes and says:

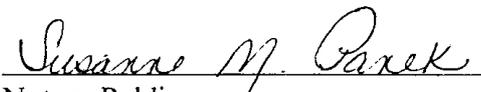
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice podiatric medicine. I presently hold license number 000595.
4. I hereby voluntarily agree not to renew or reinstate my license to practice podiatric medicine.
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 960827-019-008 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
6.  I hereby waive any right to a hearing I may have regarding any request that my 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.
7. I understand and agree that this affidavit and the case file in Petition Number 960827-019-008 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this agreement not to renew or reinstate my license is an event that is reportable to the Federation of Podiatric Medical Boards, and is public information.
9. Within ten days of the Department's execution of this document, I agree to surrender my state and federal Controlled Substance Registrations applicable to Connecticut to the issuing authorities.
10. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 960827-019-008

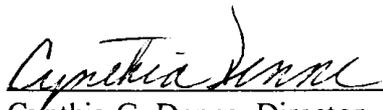
11. I understand that I have the right to consult with an attorney prior to signing this affidavit.


Michael Ianniello, D.P.M.

Subscribed and sworn to before me this 20 day of MAY 1998.

SUSANNE M PANEK
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES FEB 10, 2003


Notary Public
Commissioner of Superior Court

Accepted: 
Cynthia G. Denne, Director
Division of Health Systems Regulation

May 29, 1998
Date

S: gdb/ianniello/legal/vol.sur
3/98