STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS

Re: Janos Palotai, M.T.
License No.: 001868

Petition No. 2003-0820-029-004

VOLUNTARY SURRENDER

Janos Palotai, 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 massage therapy. I presently hold license number 001868.

4. I hereby voluntarily surrender my license to practice massage therapy in the State of Connecticut.

5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the Department may consider the allegations contained in Petition Number 2003-0820-029-004 to be true prior to reinstating the license. 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 2003-0820-029-004 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 surrender of my license is a reportable event and is public information.

9. 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. 2003-0820-029-004.

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

11. 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.

Janos Palotai

Subscribed and sworn to before me this 2nd day of April 2004.

LINDA L. LYNCH
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 2005

Notary Public
Commissioner of Superior Court

Accepted: Marianne Horn
Marianne Horn, Director
Division of Health Systems Regulation
Bureau of Healthcare Systems

April 6, 2004
Date