

Attachment "A"
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

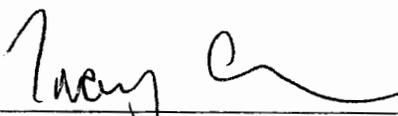
Re: Cohen's Fashion Optical
License No.: 001675

Petition No. 2007-0719-057-004

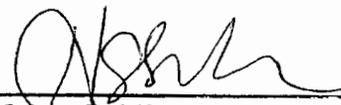
VOLUNTARY SURRENDER

1. Cohen's Fashion Optical of Milford (hereinafter "respondent") is the holder of Connecticut optical shop license number 001675.
2. Tracey Aarons, owner of respondent optical shop hereby represents and warrants that he is fully authorized and empowered to bind said optical shop.
3. Tracey Aarons, being duly sworn, deposes and says:
4. I am over the age of majority and understand the obligations of an oath.
5. I make this affidavit on the basis of personal knowledge.
6. I hereby voluntarily surrender the optical shop license of respondent in the State of Connecticut.
7. I understand and agree that if I seek a new license or to reinstate the license at any time in the future, the allegations contained in Petition Number 2007-0719-057-004 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 Opticians (hereinafter "the Board"), as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
8. I hereby waive any right to a hearing I or respondent may have regarding any request that the license be reinstated or that a new license be issued and also waive any right that I or the respondent may have to appeal or otherwise challenge the disposition of any such request.
9. I understand and agree that this affidavit and the case file in Petition Number 2007-0719-057-004 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
10. I understand that this surrender of the license is a reportable event and is public information.

- 11. 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 No. 2007-0719-057-004. 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.
- 12. I understand that I have the right to consult with an attorney prior to signing this affidavit.
- 13. 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.
- 14. I understand that the purpose of this agreement is to resolve the pending matter against the license and is not intended to affect any claim of civil liability that might be brought against me.
- 15. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.


 Tracey Aaron, Owner

Subscribed and sworn to before me this 3 day of October 2007.


 Notary Public
 Commissioner of Superior Court
 exp. 4/30/12

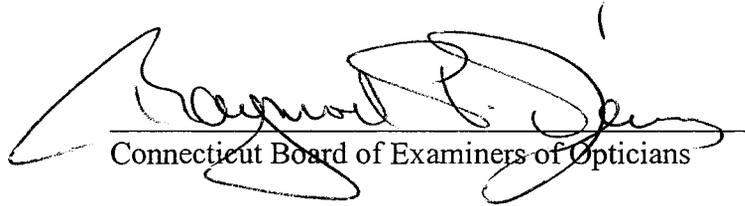
Accepted: 
 Jennifer Filippone, Section Chief
 Practitioner Licensing and Investigations
 Healthcare Systems Branch

10/10/07
 Date

ORDER

The foregoing motion having been duly considered by the Connecticut Board of Examiners of Opticians, it is hereby GRANTED ~~DENIED~~.

Dated this 14th day of November, 2007 at Hartford, Connecticut.


Connecticut Board of Examiners of Opticians