

STATE OF ALABAMA            )  
  )  
JEFFERSON COUNTY         )

**VOLUNTARY SURRENDER**

I, **RAED AHMED AQEL**, do hereby voluntarily surrender my Certificate of Qualification and license to practice medicine in the State of Alabama, License Number 22599, under the provisions of Alabama Code § 34-24-361(g)(2002).

I acknowledge that this action is taken by me while under investigation by the Alabama Board of Medical Examiners for alleged violations of Alabama Code § 34-24-360(2002).

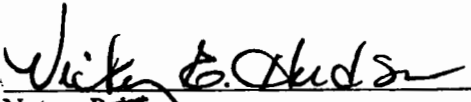
I understand that as a result of this voluntarily surrender, I will no longer be permitted to practice medicine in the State of Alabama unless an Application for Reinstatement is submitted to, and approved by, the Alabama Board of Medical Examiners and the Medical Licensure Commission.

I acknowledge that I sign this document willingly and that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or influence. I acknowledge that this document is a public record of the Alabama State Board of Medical Examiners and may be released by the Board upon written request.

EXECUTED this 3rd day of June, 2009.

  
\_\_\_\_\_  
RAED AHMED AQEL, M.D.

SWORN AND SUBSCRIBED before me this 3rd day of June 2009.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: 11/18/09