

I, MANUEL RODRIGUEZ, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: August 27, 2003


MANUEL RODRIGUEZ, M.D.

DATED: August 27, 2003


KENNETH W. LEHMAN, ESQ.
Attorney for Manuel Rodriguez, M.D.

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 9/9/03


EDWARD DAVID, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: 9/9/03


RUTH E. McNIFF
Assistant Attorney General

APPROVED
EFFECTIVE: 9/9/03