

TO: Azzie Y. Conley, RN
Section Chief
Acute and Home Care Licensure and Certification Section

FROM: John H. Baker, MD, Owner
The Baker Clinic For Women
400-B Crutchfield Street
Durham, NC 27704

DATE: August 21, 2013

SUBJ: Voluntary Surrender of my Certificate to Operate
Certificate #: AB0058, FID#: 110748

Dear Ms. Conley:

I am voluntarily surrendering my Certificate to Operate The Baker Clinic For Women effective 8/21/2013.

Sincerely,

J H Baker, MD. 8/21/13
John H. Baker, MD, FACCOG

I, Benjamin M. Spiker, Notary Public of the County of Wake, State of North Carolina, certify that John H. Baker MD., personally appeared before me this day, was sworn, attested that the foregoing letter is true and accurate of his own personal knowledge, and executed the foregoing letter.

This the 21st day of August, 2013.

Benjamin M. Spiker
Notary Public Benjamin M. Spiker

My commission expires: 2/28/17

