

Consent and Waiver

I, Charles Marshall Webb, M.D., would like to resolve this matter without the need for more formal proceedings and consent and agree to the Board's issuance of this public letter of concern in resolution of my current matter. Further, I agree to complete the continuing medical education described in this public letter of concern within twelve months from the date of this Consent and Waiver and have submitted an action plan explaining how we plan to conduct this practice in the future.

Consented to this the 26 day of JANUARY, 2011.

  
Charles Marshall Webb, M.D.

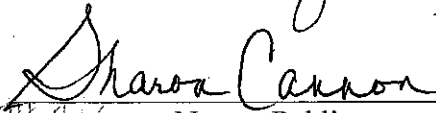
State of North Carolina

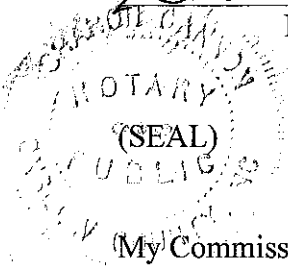
County of ONSLOW

I, SHARON CANNON, a Notary Public for the above named County and State, do hereby certify that Charles Marshall Webb, M.D. personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal

this the 26<sup>th</sup> day of JANUARY, 2011.

  
Notary Public



My Commission expires: February 28, 2014