10/19/97

NOTICE OF LICENSURE/REGISTRATION SANCTION

Reprimand, Restitution, Fine, Probation

OCT 2 1 1997

Authority: 1978 P.A. 368, as amended

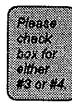
DEPT. OF CONSUMER AND INDUSTRY SERVICES -

This completed form serves as notification to you that the licensee/registrant named below has had his of her professional license/registration sanctioned for violating one or more provisions of the Michigan Public Health Code. This licensee/registrant is not prohibited from practicing his or her profession as long as such practice is in accordance with the sanction(s) set forth below. This notification is required by law.

TYPE OR PRINT IN INK ONLY NAME OF SANCTIONED LICENSEE/REGISTRANT RICHARD H. GOLDFINE, M.D. BUSINESS ADDRESS (Enter street address, not a P.O. Box) 29425 NORTHWESTERN HWY. SUITE 125 ZIP CODE STATE CITY SOUTHFIFLD MI 48034 MICHIGAN LICENSE/REGISTRATION NUMBER TYPE OF LICENSE/REGISTRATION (Profession) M.D. 30023 TYPE(S) OF SANCTION(S) □ RESTITUTION IN THE AMOUNT OF \$______ TO BE PAID BY ______ (Date) © FINED IN THE AMOUNT OF \$ /, 000 TO BE PAID BY Nov. 22, 1997 (Date) □ PROBATION UNTIL (Date) WITH THE FOLLOWING CONDITIONS: (Attach Sheet[s], if necessary) **EFFECTIVE DATE OF SANCTION** DATE TRANSMITTED TO EMPLOYER OCT. 13, 1997 SEPT 23, 1997 DATE SENT TO HOSPITAL(S) DATE SENT TO THE DEPARTMENT Oct. 20 1497 Oct 13,1997 DATE SIGNED SIGNATURE OF SANCTIONED LICENSEE/REGISTRANT Kichael D. Dellim 10-13-97

AFFIDAVIT

- I, being the undersigned, do hereby state that:
 - 1. I have reviewed the completed Notice of Licensure/Registration Sanction (hereafter "Notice") on the opposite side of this Affidavit for correctness.
 - 2. I have personally signed the completed Notice.



- I have transmitted a copy of the signed, completed Notice to each hospital in which I am admitted to practice and to my employer within 10 days after the date of the Final Order imposing the sanction; OR
- 4. I do not meet the criteria set forth in Section 16241(7) of the Public Health Code, as delineated in Item #3 above.

I swear or affirm that the contents of this Affidavit are true to the best of my knowledge. I understand that falsification of this Affidavit may result in the imposition of further administrative sanctions against my license(s).

RICHARD	H. GOLDA	INE, MID.
Print or Type Name		
Signature of Affiont	Delferry	10-13-97
Signature of Affiant		Date Signed
STATE OF MICHIGAN)	
COUNTY OF Ochler)	
Signed and sworn to before me this _	<i>ಎಂ ⊭</i> _day of	Octo da , 199 7.
Notary Public	NANCY B. VALVONA Notary Public, Oskland Cour My Commission Expires Apr.	i ohe Aff
Notary Public		Date Commission