

The University of the State of New York

THE STATE EDUCATION DEPARTMENT

Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

	Sec. 199 She	the marketing	The Male	Maria Caracteristics and the Caracteristics a
Dr.	MD		Investigatio	n No: SA-JNV-20891R
		garage and the second	February 1	7,2021
License:				
NPI:		4 2 2 . 2 . 2	The state of the s	
Case No. CP-20891R	AN DE	. %	1 6 3	Fig. 1. Ship
Registered Address:	10 A		Section 1	
Re-Suspension of Lice	nself			

This is an official notice for the suspension of license. The license will be as authorized by New York State Board for Medicine. The license will be suspended effective from 02/17/2021 under section 841 of Title 21 United States Code, for Illegal drugs trafficking under 21 U.S.C and aviation Drug Trafficking Control Act of 1984; This Citation is a result of your violation of Drug Trafficking controlled 21 U.S.C. \$ 841 of New York State Board for Medicine Code Drugs Control Violation of the State

This suspension indicates federal law pursuant to Title 21 United States Code; Section 804(a) prohibits to continue practice with current license unless licensee receive notification in writing by the New York State Board for Medicine about license restoration.

In order to restore the license, the licensee must get an authorization from concerned department pursuant to 18.U.S.C. § 3142(g).

- * This Temporary Suspension order is effective from February 17, 2021
- * Notice of this order of temporary suspension shall be given immediately to the license holder.

Officer in Charge:
Brian Hobbs
Phone No: +1(518) 474-3817
New York State Board for Medicine
89 Washington Avenue
2nd Floor, West Wing
Albany, NY 12234

Howard Zucker M.O.

Howard A. Zucker, MD, JD Commissioner of Health New York State Department of Health



U.S Department of Justice

Drug Enforcement Administration Diversion Control Division/ODR

Post Office Box 2639 Springfield, VA 22152-2639, USA

Dr.			MD.
			46,000,00
	Mary.	2 30	

February 17, 2021

Investigation No: SA-INV-CP 20891R

իկեսիցիներ երիկերի օգենններիկեր կերբերերի անգր



IN THE MATTER OF:

The License of Dr. MD Lic No.

FEDERAL BOND AND PROTOCOL AGREEMENT

The New York State Board for Medicine hereby designates as precedential the below listed protocols in the matter of cooperation with Dr. MD (Citation No. 1899-C) pursuant to Title 21 United States Code (USC) Controlled Substances Act. Federal Bond is pursuant to Privacy Act of 1974 of the federal government for the case number#CP-20891R with the Investigation Unit of New York State Board for Medicine.

Dr. MD with NPI: Lick seeks cooperation with the investigation authority under the Privacy Act of 1974 of the Federal Government.

Protocols:-

- I shall not disclose any details of the investigation (No. SA-INV-100452) to third party.
- I shall cooperate in this investigation with full honesty.
- I shall not leave the state until the investigation is over
- I shall not authorize someone to use my license number or credentials.
- I shall keep all my appointments set up as per instructions given by the authority.
- I shall submit a refundable government security bond fee as required.

It is essential for suppliant to comprehend that Federal law pursuant to Title 21 United States Code; Section 804(a) prohibits suppliant to practice pending a government approved authorization to recommence the practice.

Federal law requires security bond refundable fee to maintain the license and determine that suspect agrees to comply with the protocols.

Bond fee of \$15,600 will be refunded within 3 business days of signing this agreement pursuant to 18 U.S.C. § 3142(c). If the investigation findings indicate any sign of aiding and abetting, the bond fee submitted shall be confiscated.

As suppliant's financial information is compremised, prime suspect is not allowed to do any domestic federal transaction therefore: The bond fee of \$15,600 has to be submitted by the bank branch via federal wire transfer to an international global bond receiving partner under U.S Federal Policy Act of 1992. The transaction receipt confirming the amount has to be attached with this agreement bond to complete the procedure

Note: Due to COVID-19 the bond procedure needs to be contactless and digitalized.

The Fedwire transfer system is a real time, gross payment system. There is no netting of transactions between the originating bank and receiving bank. Federal wire can be used in contractual agreements, federal agreements and Government bond agreements purposes.

Authority Signature and Starpe

D.Christopher Evans

Chief of Operations, Drug Enforcement Administration

US:Department of Justice

Post Office Box 2639

Springfield VA 22152-2639, USA

FAX: + 1 (800) 640-9227

On violating any of the law pursuant to section 1146 of Aviation Drug Act of 1984; bond agreement will be terminated and suspect shall be liable to pay a penalty of \$500,000. Providing false information shall be considered as an offence pursuant to the Information Act 1982. Section 1864.

This Agreement Shall be governed by US Department of Justice therefore any denial after signing the bond will be subject to a legal proceeding –By order US Department of Justice

I understand and agree to comply with this agreement bond and shall be held responsible for any breach of laws mentioned in this agreement.

Signature

Date: 02/17/2021



Page: 1 of 1

U.S Department of Justice

Drug Enforcement Administration Diversion Control Division/ODR

Post Office Box 2639 Springfield, VA 22152-2639, USA

Pursuant to U.S. Federal Policy act of 1992, the International Bond Receiver banking details are provided as below. The bank account information is only to be used for Federal Cases or Government contractual agreements.

Dr. MD		February 17 ,2021
mentioned international bond receiver's a surveillance of three major credit bureaus account as per the refund policy. The bond fees shall be submitted	account details. The funds shall be of USA and it will be credited ba	processed on the below e kept secure under the ck into the originated bank
suppliant (first, middle, last.)	On (month, day and year)	
**Note: This copy needs to be attached with trans	action receipt.	
(CUT FROM HERE)	1	Affirmation Signature
& <u>*</u>		
INTERNATIONAL WIRE TRANSFER		
Receiving Bank:		
* Country : Poland		
* Bank Swift Code: INGBPLPW		
* Bank Name: ING BANK SLASKI S.A		
* (IBAN) # Account number: 46 1050 1	025 1000 0097 3644 6817	
* Bank Address: ul. Sokolska 34, 40-086	6 Katowice(POLAND)	
Beneficiary:		
* Currency Type: USD		
* Beneficiary Name: ROBAKIDZE ILIAB		
* Beneficiary Address: KRÓTKA 10, 05-	090 RASZYN, (POLAND)	