BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In The Matter of the License of ) License No. 10573
) FILED
) MAR 13 2012
) NEVADA STATE BOARD OF
) MEDICAL EXAMINERS
) By:

BRUCE LEONARD GINIER, M.D., ) Licensee.
) )

ORDER ACCEPTING VOLUNTARY SURRENDER OF LICENSE

The voluntary surrender of medical license of Bruce Leonard Gini, M.D., came
on before the Nevada State Board of Medical Examiners, hereinafter "Board", for
consideration at a regularly scheduled meeting of the Board on March 9, 2012 at the
Board's offices located at 1105 Terminal Way, Suite 301, Reno, Nevada, 89502, and by
videoconference at the offices of the Nevada State Board of Dental Examiners located at
6010 S. Rainbow Boulevard, Building A, Suite 1, Las Vegas, Nevada 89118. Licensee
Bruce Leonard Gini, M.D. was not present.

The members of the Board participating in the decision were:
Benjamin Rodriguez, M.D., Beverly Neyland, M.D., Ms. Donna Ruthe, Mrs. Sue Lowden,
Bashir Chowdhry, M.D. and Wayne Hardwick, M.D. Harry B. Ward, J.D.,
Deputy Attorney General, acted as legal counsel to the Board.

The Board, having received Dr. Gini's wallet license, wall license and affidavit
and considering those materials provided, enters the following order:

IT IS HEREBY ORDERED that the voluntary surrender of the medical license of
Bruce Leonard Gini, M.D. is hereby accepted pursuant to NAC 630.240.

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This voluntary surrender is considered to have been made while under investigation.

DATED this 9th day of March, 2012.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: [Signature]

Benjamin J. Rodriguez, M.D., President
Nevada State Board of Medical Examiners
AFFIDAVIT OF BRUCE LEONARD GINIER, M.D.

STATE OF CALIFORNIA       )
    ) ss.
COUNTY OF FRESNO          )

I, Bruce Leonard Ginier, M.D., being first duly sworn upon oath, hereby depose and state
under penalty of perjury under the laws of the state of Nevada as follows:

1. I desire to voluntarily surrender my license to practice medicine in the state of
   Nevada, license number 10573.

2. I hereby acknowledge that the voluntary surrender of my license to practice medicine
   is absolute and irrevocable.

3. I understand that my actual license to practice medicine in Nevada as well as my
   wallet size license must accompany this Affidavit upon return to the
   Nevada State Board of Medical Examiners.

4. I further understand that this voluntary surrender will be considered to have occurred
   while under investigation and accordingly may be reported to any agency or person the
   Nevada State Board of Medical Examiners considers advisable, including but not limited to, the
   National Practitioner Data Bank.

5. I further understand that this voluntary surrender of my license to practice medicine
   must be accepted by the Nevada State Board of Medical Examiners and that should my surrender of
   license be accepted it will be effective immediately upon acceptance.

\[Signature\]
Bruce Leonard Ginier, M.D.

Subscribed and sworn to before me
This _____ day of ______________, 20__.

\[Signature\]
Notary Public

STATE OF
COUNTY OF
The Nevada State Board of Medical Examiners

This Certifies That
Bruce Leonard Ginier

Holding a Medical Degree From:
West Virginia School of Medicine

Dated: 1986

having fulfilled all the requirements of the laws of Nevada and possessing the prescribed qualifications
is hereby licensed to practice Medicine in the State of Nevada.

No. 10573

In Witness Whereof The Nevada State Board of Medical Examiners
has caused this license to be executed under our hands,
and attested by the Seal of this Board.

Done this 15th day of July Two Thousand 03

[Signatures]

President

Secretary
This certifies that Bruce Leonard GINIER, M.D. holds Active Status Medical Doctor licensure in the state of Nevada in accordance with Nevada Revised Statutes Chapter 630.

License Number: 10573
Issued: 07/15/2003
Expires: 06/30/2011

President, Nevada State Board of Medical Examiners