IN AND BEFORE THE OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.)	
THE OKLAHOMA BOARD)	The state of the state of
OF MEDICAL LICENSURE)	AUG 0 4 2014
AND SUPERVISION,)	OKLAHOMA STATE BOARD OF MEDICAL LICENSURE & SUPERVISION
Plaintiff,)	
v.)	Case No. 14-01-4902
MARIA M. KANE, M.D.,	í	
LICENSE NO. 11134	Ś	
Defendant.)	DI/ MEDI/C/

CITATION

YOU ARE HEREBY NOTIFIED that on the ______ day of August, 2014, a sworn Complaint was filed with the undersigned Secretary of the Oklahoma State Board of Medical Licensure and Supervision, State of Oklahoma, charging you with violations of the Medical Practice Act, at 59 O.S. 2011, § 509(8), (12), (16), (18), (19), (20); and Okla. Admin. Code § 435:10-7-4(2), (6), (11), (24), (36), (41), (1), (15) and (49).

On March 12, 2015, the Board will be in regular session at 9:00 o'clock a.m., at its offices located at 101 N.E. 51st Street, Oklahoma City, Oklahoma, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, et seq.

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice as a physician within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney's fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the Complaint as true at the hearing of the Complaint. If the charges are deemed sufficient by the Board, your license to practice as a physician in the State of Oklahoma may be suspended or revoked.

THEREFORE, you are	cited to appear at	the hearing. I	if you are r	not present ii	n person,
you may be present through you	r attorney.	_		_	_

DATED this _____ day of August, 2014.

Gerald C. Zumwalt, M.D.

Secretary and Medical Advisor

Oklahoma State Board of Medical

Licensure and Supervision



RETURN OF SERVICE BY AGENT

Received the attached and foregoing Citation and Scheduling Order
in the investigation of Maria Kane, MD, at
Oklahoma City, Oklahoma, on the 19 day of August ,2014
and on the 19th day of August , 2014 , at 10:30 o'cloc
AM. served it on the within named by delivering a copy to
Maria Kane, MD (Name of person served)
At (address): 1110 N Classen Blvd, #318
Oklahoma City, OK 73106
Served by: Juniful 5
Subscribed and sworn to before me on this 20th day of August, 2014 # 12007192 EXP. 08/01/16 OF OKLANDIA Notary Public
My Commission expires: 8-1-10
CASE NAME: Maria Kane, MD 14-01-4902
CASE #: 14-01-4302