

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Joel Singer, M.D.
Owner and Operator
Center for Ambulatory Surgery, LLC of Westport, CT
d/b/a Center for Ambulatory Surgery, LLC
32 Imperial Avenue
Westport, Ct 06880

Outpatient Surgical Facility License Number 0292

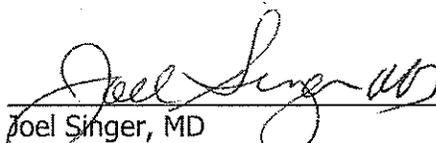
VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Joel Singer, M.D., being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am the sole owner and operator of the Center for Ambulatory Surgery, LLC of Westport, CT d/b/a Center for Ambulatory Surgery, LLC ("CAS"). I am also the sole member of the limited liability corporation. CAS is licensed by the Connecticut Department of Public Health ("Department") to operate an outpatient surgical facility, and it holds license number 0292.
4. On behalf of CAS, I hereby permanently and irrevocably voluntarily surrender CAS' license to operate an outpatient surgical facility in Connecticut.
5. I agree not to seek to reinstate CAS's license at any time in the future in my individual capacity or as part of a different corporate entity, and I agree not to seek a new outpatient surgical facility license in my individual capacity or as part of a different corporate entity. If I, in my individual capacity or as part of a different corporate entity, seek to reinstate CAS' license or seek a new license, I hereby relinquish and waive all due process rights, any hearing rights, and any other rights I may have with respect to such reinstatement or application and agree that the Department, in its sole and absolute discretion, may deny said application or request for any reason. I agree that such determination is not subject to further review at the Department and I waive all rights to appeal or otherwise challenge such determination in any legal forum.

6. CAS and I understand and agree that this affidavit and the case file are public documents unless protected by state or federal law, and I am executing this affidavit to terminate the proceedings against CAS.
7. CAS and I understand that this surrender constitutes disciplinary action and will be so classified in public disclosures and reporting.
8. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will file a motion to dismiss the case against CAS.
9. I have consulted with an attorney prior to signing this affidavit.
10. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

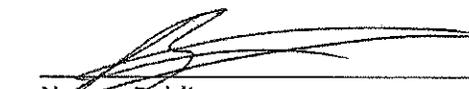
11. I understand that the purpose of this agreement is to terminate the pending matters against CAS' license and is not intended to affect any civil liability or defense or to have any bearing on Dr. Singer's individual medical license.


Joel Singer, MD
Sole Owner and Operator
Center for Ambulatory Surgery

Subscribed and sworn to before me this 17 day of July, 2014.



William J Zand
Notary Public, Fairfield County
State of Connecticut
Term Expires January 31, 2019


Notary Public
Commissioner of Superior Court

Accepted: 
Wendy Furniss, R.N.C., M.S.
Branch Chief
Healthcare Quality and Safety Branch

July 22nd, 2014