

VOLUNTARY AGREEMENT TO WITHDRAW FROM PRACTICE

The undersigned Licensee, Scott Langston
license number VM8037, hereby agrees to withdraw from his/her practice
of Veterinary Medicine in the State of Florida and states:

1. Licensee has agreed to voluntarily withdraw from his/her practice of veterinary medicine in the State of Florida.
2. The withdrawal from practice will remain in effect until the Professional Resource Network, Inc. notifies the Department of Business and Professional Regulation in writing that the withdrawal may be rescinded, or until the Board of Veterinary Medicine enters an order authorizing the undersigned to rescind the withdrawal.
3. Licensee, being fully advised of the consequences of so doing and having the opportunity to consult with counsel of his/her choosing, hereby agrees that upon his/her execution of this Agreement, it shall immediately be made accessible to the public. In addition, Licensee's licensure status and, if applicable, profile with the Board of Veterinary Medicine will reflect the withdrawal/restriction stated herein.

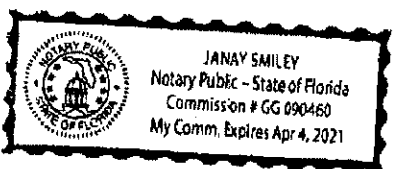
DATED this 9 of June 2017¹²

[Signature]
Signature

STATE OF Florida

County of Orange

Before me, personally Scott Langston, whose identity is known to me by Florida Driver License (type of identification) and who, under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Licensee before me this 9 day of June 2017.



[Signature]
Notary Public

My Commission Expires: 4/4/2021