



Rick Scott
Governor

H. Frank Farmer, Jr., MD, PhD, FACP
State Surgeon General

PERSONAL AND CONFIDENTIAL

RE: Department of Health vs. M.D.
Case Number:

Dear Dr.:

Enclosed is a Voluntary Relinquishment form for your consideration. If acceptable, please sign the form, have it notarized and return to me at the address listed below. I am responsible for providing you with the consequences of signing the voluntary relinquishment form which are as follows:

- the Voluntary Relinquishment would be considered disciplinary action against your license, pursuant to Section 456.072(1)(f), Florida Statutes;
- you would never reapply for licensure as a Medical Physician in the State of Florida; and
- voluntarily relinquishing your Florida medical license may have an effect on medical licenses you may hold in other states.

Once we have received the signed Voluntarily Relinquishment form, and if the Board of Medicine accepts the Voluntarily Relinquishment, the above-referenced Department of Health case will be closed.

If you have any questions, please contact me as soon as possible to discuss at 850-245-4640, extension

Sincerely,

Assistant General Counsel

Enclosures: