COMMONWEALTH OF MASSACHUSETTS

Mido	dlesex, ss	Board of Registration in Medicine
		Adjudicatory No.
	ne Matter of)	
Donna B. Harkness, M.D.) Registration No. 45999)		
RESIGNATION		
I, Donna B. Harkness, M.D., being duly sworn, depose and state:		
1.	I desire to resign my license to practice medicine in the Commonwealth of Massachusetts pursuant to the terms of 243 CMR 1.05(5)(a).	
2.	My resignation is tendered voluntarily.	
3.	I realize that this resignation is a final act that deprives me of all privileges of registration and is not subject to reconsideration or judicial review.	
4.	I will resign any other licenses contemporaneously with my resignation in Massachusetts, and I will make no attempt to seek licensure elsewhere.	

I understand that my resignation is a disciplinary action that is reportable to any national

Then personally appeared before me the above-named **Donna B. Harkness**, **M.D.** who

signed the foregoing resignation in my presence and acknowledged said resignation to be her

Danie BHENKOS MD

STEPHEN J. MINICUCCI II NOTARY PUBLIC STATE OF RHODE ISLAND

My Commission Exerce WAR 181 MAN COMMISSION EXPLINE THE THE STATE OF T

data reporting agency, pursuant to G.L. c. 112, §2.

Signed under the penalties of perjury this _____ day of ______, 2016.

5.

free act and deed.

Dated: 07/11/2016