

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION  
IN PHARMACY

\_\_\_\_\_)  
In the Matter of )  
Anthony T. Tramontozzi, R.Ph. )  
Reg. No. 27255 (exp. 12/31/2010) )  
\_\_\_\_\_)

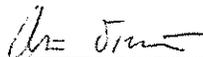
Docket No.2010-0052

VOLUNTARY SURRENDER STATEMENT

I, Anthony T. Tramontozzi, R.Ph (Reg. No. 27255), do voluntarily surrender my license to practice as a pharmacist in the Commonwealth of Massachusetts to the Board of Registration in Pharmacy (Board) and do state to the Board:

1. I hereby voluntarily surrender my license to practice as a pharmacist in the Commonwealth of Massachusetts (Reg. No. 27255) together with any right to renew my license, to the Board, effective as of the date of my signature hereto;
2. I acknowledge and agree that I have surrendered my license to the Board in resolution of Complaint Docket No. 2010-0052 (Complaint);
3. I understand that surrender of my license is considered to be a reportable disciplinary act which deprives me of all privileges of registration; that my surrender is not subject to reconsideration or judicial review; and that I am waiving my right to a hearing pursuant to G.L. c. 30A regarding the Complaint;
4. I will surrender any current license or registration to practice as a pharmacist issued by any other jurisdiction effective as of the date of my signature hereto and will not apply or attempt to gain licensure as a pharmacist or to renew any pharmacist license previously issued by any other jurisdiction prior to entering into an agreement with the Board in resolution of the Complaint; and
5. I acknowledge that I have been provided the opportunity to consult legal counsel regarding my decision to execute this statement and surrender my license and that my decision to execute this statement and surrender my license was made of my own free will.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY this 11 day  
of April 2010.

  
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Mr. Anthony T. Tramontozzi

