COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

 Adjudicatory No. 2014-041

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 )

In the Matter of )

 )

JAMES R. FLETCHER, M.D. )

Registration No. 52139 )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

# RESIGNATION

I, James R. Fletcher, 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.

5. I understand that my resignation is a disciplinary action that is reportable to any national data reporting agency, pursuant to G.L. c. 112, §2.

Signed under the penalties of perjury this 20\_\_\_\_\_day of Oct\_\_\_\_\_, 2014\_.

 Signed by James R. Fletcher

 James R. Fletcher, M.D.

 Then personally appeared before me the above-named James R. Fletcher, M.D. who signed the foregoing resignation in my presence and acknowledged said resignation to be his free act and deed.

Dated: 10/20/14\_\_\_\_\_\_\_\_\_\_ Signed by Rhonda Sullivan

 Notary Public

 My Commission Expires: April 22, 2016

 Commonwealth of Massachusetts Notary

 Seal