COMMONWEALTH OF MASSACHUSETTS

	4 . 4	1000	
MI	dd	esex.	SS

Board of Registration in Medicine

Adjudicatory No. 2024-061

In the Matter of	
CHARLES STEPHEN FOSTER, M.D.	
Registration No. 37755	

RESIGNATION

- I, CHARLES STEPHEN FOSTER, M.D., being duly sworn, depose and state:
- I desire to resign my license to practice medicine and/or my inchoate right to renew said license 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 am not currently licensed to practice medicine in any other state and will make no attempt to seek licensure elsewhere.
- 5. I understand that my resignation is a disciplinary action that will be reported by the Board to the appropriate federal data banks and national reporting organizations, including the National Practitioner Data Bank and the Federation of State Medical Boards.

Signed under the penalties of perjury this _____day of _____day of _______. 2025.

Alexandra H.D. Joyce
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
February 1, 2030

CHARLES STEPHEN FOSTER, M.D.

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

Dated: 10/17/25

Notary Public Alctaran H. D. Joyce My Commission Expires: fes 1, 2030