COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

Adjudicatory No. 2024-050

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

)

In the Matter of )

)

PHILLIP O. FOURNIER, M.D. )

Registration No. 60338 )

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

# RESIGNATION

I, Phillip O. Fournier, M.D., being duly sworn, depose and state:

1. 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 is reportable to any national data-reporting agency, pursuant to G.L. c. 112, §2.

Signed under the penalties of perjury this 26\_\_\_day of \_August\_, 2024.

Signed by Philip O. Fournier, M.D.

Phillip O. Fournier, M.D.

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

Dated:\_8/26/24\_\_\_\_\_\_\_ Signed by Maryann Quigley

Notary Public

My Commission Expires: 4/12/30

Commonwealth of Massachusetts Notary Public   
 Seal