COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

 Adjudicatory No.

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

 )

In the Matter of )

 )

STEPHEN R. HOLUK, M.D. )

Registration No. 48798 )

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# RESIGNATION

I, STEPHEN R. HOLUK, 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 5th\_\_\_day of June\_\_, 202\_.

 Signed by Stephen R. Holuk, M.D.

 STEPHEN R. HOLUK, M.D.

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

Dated:06/05/2023\_\_\_\_\_\_\_ Signed by Betsy N. Vadnais

 Notary Public

 My Commission Expires: 02/23/2029

 Massachusetts Notary Public Seal