COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

 Docket No. 17-408

 )

In the Matter of )

 )

)

HARVEY J. MAKADON, M.D. )

Registration No. 44574 )

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# RESIGNATION

I, Harvey J. Makadon, 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. I tender this resignation 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 28 day of Dec , 2017.

 Signed by Harvey J. Makadon, M.D.

 Harvey J. Makadon, M.D.

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

Dated: December 28, 2017 Signed by Paul Albert Roche

 Notary Public

 My Commission Expires: November 27, 2020

 Commonwealth of Massachusetts Notary Public

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