

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss

Board of Registration in Medicine  
Adjudicatory No. 2020-039

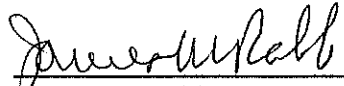
\_\_\_\_\_)  
In the Matter of \_\_\_\_\_)  
\_\_\_\_\_)  
James M. Rabb, M.D. \_\_\_\_\_)  
Registration No. 33833 \_\_\_\_\_)  
\_\_\_\_\_)

RESIGNATION

I, James M. Rabb, 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 3 day of September, 2020.

  
\_\_\_\_\_  
James M. Rabb, M.D.

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

Dated: 09/03/2020

  
\_\_\_\_\_  
Notary Public  
My Commission Expires: 06/05/2026

