COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss Board of Registration in Medicine

Adjudicatory No. 2012-007

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In the Matter of )

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Anthony Schepsis, M.D. )

Registration No 44599 )

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# RESIGNATION

I, Anthony Schepsis, 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 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 1st day of March , 2017 .

Signed by Anthony Schepsis, M.D.

Anthony Schepsis, M.D.

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

Dated:3/1/17 Signed by Jonathan Edward Ring

Notary Public

My Commission Expires: May 11, 2018  
 Commonwealth of Massachusetts Notary Public

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