

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss

Board of Registration in Medicine

Adjudicatory No. 2017-013

_____)
 In the Matter of)
)
 FATHALLA MASHALI, M.D.)
 Registration No. 152670)
 _____)

RESIGNATION

I, Fathalla Mashali, 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 4th day of April, 2017.

Fathalla Mashali

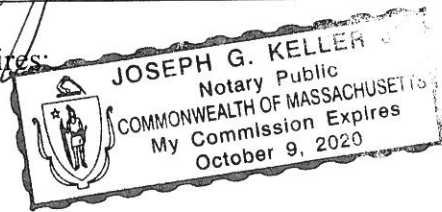
 , M.D.

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

Dated: April 4, 2017

Joseph G. Keller

 Notary Public
 My Commission Expires: 10/9/20



FATHALLA MASHALI, M.D.