



John L. Myers, M.D.
14 Prout Rd.
Freeport, ME 04032

July 16, 2008

Maine Board of Licensure in Medicine
161 Capitol Street
137 State House Station
Augusta, ME 04333-0137

To Whom It May Concern:

This is to confirm that I voluntarily surrender my Maine medical license #010511.

Thank you,

A handwritten signature in cursive script that reads "John L. Myers".

John L. Myers, M.D.



ACTIVE LICENSE

Licensee Name: John L Myers, MD
Maine License #: 010511
Expiration Date: March 31, 2009

MAY 21 2008

John L. Myers, M.D.
14 Prout Rd.
Freeport, ME 04032

May 20, 2008

Maine Board of Licensure in Medicine
161 Capitol Street
137 State House Station
Augusta, ME 04333-0137

To Whom It May Concern:

This letter is to inform the Board that I retired earlier this spring from doing insurance exams. At the same time, a paramedical company asked me to do an exam, which I performed after initially declining. I presume this was the exam leading to the complaint referred to by Dr. David Simmons.

I hereby relinquish my license to practice medicine and respectfully request the Board to accept.

Thank you,

A handwritten signature in cursive script that reads "John L. Myers".

John L. Myers, M.D.