

STATE OF MAINE  
BOARD OF REGISTRATION IN MEDICINE

In re: )  
Maurice R. Guillemette, M.D. ) AFFIDAVIT OF RETIREMENT  
of Augusta, Maine )

STATE OF MAINE  
KENNEBEC, SS.

I, MAURICE R. GUILLEMETTE, M.D., being duly sworn, do hereby affirm and declare that as of July 31, 1990, I shall voluntarily surrender my license to practice medicine and I shall have permanently retired from the practice of medicine in the State of Maine and in any other jurisdiction in which I may have a license to practice medicine.

I understand that if I intend to practice from July 1, 1990 through July 31, 1990, I must previously have renewed my medical license; otherwise, I shall surrender my license and retire no later than June 30, 1990.

In consideration of my execution of and compliance with this Affidavit, the Board of Registration in Medicine has agreed to discontinue its pending investigation of me.

By retiring, I affirm I shall not in the future render any professional health care services to any person in the State of Maine or elsewhere, nor shall I prescribe or dispense controlled substances or any other prescription medication to any person, including members of my immediate family or myself. I shall upon my retirement surrender to the DEA all licenses and registrations to prescribe or dispense controlled substances, and I shall destroy all prescription pads and waste all prescription drugs in my possession, other than those lawfully prescribed for me by a physician. In addition, I affirm that my retirement is permanent and I shall not seek renewal of my license by the Board or the issuance of a medical license by any other state or jurisdiction.

*Iron  
Entered*

I execute this Affidavit of my own free will, and I have been advised that I have the right to seek the advice of legal counsel.

Dated: 5/1/90 Maurice R. Guillemette M.D.  
MAURICE R. GUILLEMETTE, M.D.  
Augusta, Maine

Before me this 1st day of May 1990, personally appeared MAURICE R. GUILLEMETTE, M.D., who, known to me and being first duly sworn, signed this Affidavit in my presence or affirmed that the signature above is his own and that he has read and understands the contents of the foregoing Affidavit of Retirement.

Dated: 5-1-90 Michael G. Napoleone  
NOTARY PUBLIC/~~ATTORNEY AT LAW~~  
My Commission Expires: 8-15-90

Dated: \_\_\_\_\_ N/A  
Print Name: \_\_\_\_\_  
Attorney for Dr. Guillemette

Dated: 5/8/90 STATE OF MAINE  
BOARD OF REGISTRATION IN MEDICINE  
Edward David  
EDWARD DAVID, M.D., J.D., CHAIR

Dated: 5/8/90 STATE OF MAINE  
DEPARTMENT OF ATTORNEY GENERAL  
Kenneth W. Lehman  
KENNETH W. LEHMAN  
Assistant Attorney General