

JAMES E. TIERNEY
ATTORNEY GENERAL



STATE OF MAINE
DEPARTMENT OF THE ATTORNEY GENERAL
STATE HOUSE STATION 6
AUGUSTA, MAINE 04333

*Leon
Entered*

October 15, 1986

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

C. Laurence Holt, M.D.
Box 1776, R.F.D. #2
Lisbon Falls, ME 04252

Re: Continuation of Informal Conference

Dear Dr. Holt:

I am writing you this letter as attorney for the State of Maine Board of Registration in Medicine. The Board understands that, in the course of the informal conference which was being conducted on October 7, 1986, you stated to the Board that, unrelated to any complaint which had been filed against you, you had previously decided to retire from the practice of medicine. You stated that as part of retiring from medicine, you also had intended to surrender your license to practice medicine in the State of Maine, with the understanding that you would not in the future seek reissuance of your license. The Board also understands that you do not intend to practice medicine elsewhere either and that any other licenses you may have been issued in the past had long ago expired and had not been renewed.

With the understanding that you were retiring from the practice of medicine and already intended to surrender your license to practice medicine in Maine as well as elsewhere, the Board agreed to continue your informal conference.

C. Laurence Holt, M.D.
October 15, 1986
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If you have not done so already, please return to the Board your license and please also sign this letter in the place provided below, acknowledging that the Board's understandings set forth above are correct. Please return a signed copy of this letter to me in the enclosed self-addressed, stamped envelope.

Thank you for your assistance in this matter. May you have a long, healthy and happy retirement.

Very truly yours,



KENNETH W. LEHMAN
Assistant Attorney General

cc: State of Maine Board of Registration in Medicine
Enclosure

Dated: October 16, 1986


C. Laurence Holt, M.D.

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Sincerely,
E. Lawrence Hoff, M.D.
Lawrence Hoff

Enclosed is my State of Maine
license which I am returning to
you and my DEA certificate.

Dear Dr. Sullivan,

G.E. Sullivan, M.D.
Board of Registration in Medicine
State Professional Building
RFD 3 Box 461, Waterville, Maine 04901

October 13, 1986

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