

Eugene P. Libre, M.D.
P.O. Box 147
Lake Placid, New York 12946

Paul T. Elder, M.D.
Chair
Maryland State Board of Physicians
4201 Patterson Avenue
Baltimore, Maryland 21215

RE: Surrender of License to Practice Medicine
License Number: D09470
MBP Case Numbers: 2008-0159; 2009-0717 & 2009-0718

Dear Dr. Elder and Members of the Board:

I have decided to surrender permanently my license to practice medicine in the State of Maryland, License Number D09470. I understand that upon surrender of my license, I may not give medical advice or treatment to any individual, with or without supervision and/or compensation, and cannot prescribe medications or otherwise engage in the practice of medicine as it is defined in the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("H. O.") § 14-101 et seq. (2005 Repl. Vol. & 2008 Supp.), and under applicable law. In other words, as of _____, I understand that the surrender of my license means that I am in the same position as an unlicensed individual. I understand that this Letter of Surrender is a **PUBLIC** document and on the Board's acceptance becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice medicine in Maryland has been prompted by my desire to avoid the time, cost and expense of defending against the disciplinary charges now before the Board, as well as my age, my permanent residency in New York and the fact that I no longer practice medicine in Maryland. I also acknowledge that I have been diagnosed with a health condition which adversely affected my ability to practice medicine in a professional manner. I acknowledge that the Maryland Board of Physicians (the "Board") initiated an investigation of my license based upon allegations of unprofessional conduct that resulted in the issuance of disciplinary charges pursuant to H.O. § 14-404(a). A copy of the Board's charges are attached hereto and incorporated herein as **Attachment A**.

As a condition of this Letter of Surrender, I acknowledge that the State has evidence to support the allegations of unprofessional and immoral conduct as violations of sections 14-404(a)(3)(i) and (ii) of the Health Occupations Article.

Eugene P. Libre, M.D.
Letter of Surrender
Page 2

My decision to surrender my license has been prompted by my desire to avoid further prosecution of the disciplinary charges now pending before the Board as well as my age, residency in New York and the fact that I no longer practice medicine in Maryland.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid prosecution of the charges under the Act and the Board's regulations. I understand that by tendering this Letter of Surrender, I am waiving any right to contest the findings of the Board's investigation in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and to all other substantive and procedural protections provided by law, including the right to appeal.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioners' Data Bank of this Letter of Surrender and in any response to inquiry, that I have surrendered my license as if I am permanently revoked under the Act as a resolution of the matters pending against me. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. State Gov't. Code Ann § 10-611 et seq. (2009 Repl. Vol.).

I hereby affirm that I do not maintain a medical practice in Maryland. I also affirm that I do not have active privileges at any hospital, outpatient surgical facility, nursing home or other health care facility in the State of Maryland.

As a consequence of the surrender of my license, I will submit to the Board my most recent Maryland medical license, number D09470, any renewal certificates and wallet-sized renewal cards, Maryland Controlled Dangerous Substance Certificate, federal DEA Certificate of Registration and any prescription pads in my possession.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning, and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Finally, I wish to make clear that I have been represented by an attorney throughout proceedings before the Board, and consulted with my attorney prior to signing this Letter of Surrender. I fully understand both the nature of the Board's

Eugene P. Libre, M.D.
Letter of Surrender
Page 3

actions and this Letter of Surrender. I voluntarily chose to surrender my Maryland license to practice medicine pursuant to the terms and conditions specified herein.

Sincerely,

Eugene P. Libre

NOTARY

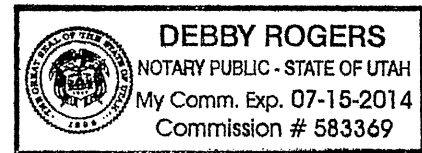
STATE OF UTAH
CITY/COUNTY OF SALT LAKE

I HEREBY CERTIFY that on this 22ND day of November, 2010 before me, a Notary Public of the State and City/County aforesaid, personally appeared Eugene P. Libre, M.D., and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.

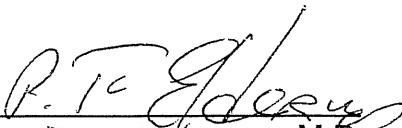
Debby M Rogers
Notary Public

My Commission expires: 7-15-2014



ACCEPTANCE

On behalf of the Maryland Board of Physicians, on this 15TH day
of December, 2010, I accept Eugene P. Libre, M.D.'s **PUBLIC**
SURRENDER of his license to practice medicine in the State of Maryland.


PAUL T. ELDER, M.D.
Chair
Maryland Board of Physicians