

**John Lee Flowers, M.D.
1061 B Donnington Circle
Towson, Maryland 21204**

Samir R. Neimat, M.D.
Maryland Board of Physician Quality Assurance
4201 Patterson Avenue
Baltimore, Maryland 21215

**RE: Surrender of License Number D40524
Case Number: 2003-0027**

Dear Dr. Neimat & Members of the Board:

Please be advised that I have decided to surrender my license to practice medicine in the State of Maryland, License Number D40524, (DOB 08/18/1958). 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, 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. In other words, as of April 30, 2003, the effective date of this Letter of Surrender, 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 that 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 an investigation of my license by the Maryland Board of Physician Quality Assurance ("the Board") concerning a criminal investigation by the Anne Arundel County Police Department Pharmaceutical Diversion Unit. On June 22, 2002, I was charged with two counts of prescription drug fraud. On August 27, 2002, I entered an Alford plea to one count of prescription drug fraud. On October 22, 2002, Anne Arundel County Circuit Court Judge Paul A. Hackner ordered a six month suspended sentence, placed me on one-year probation and imposed a \$1,000 fine. As a result of the investigation, I was suspended from the University of Maryland Medical System on June 21, 2002 and resigned from the hospital on September 30, 2002.

My decision to surrender my license has been prompted by my desire to avoid further prosecution of the matters now pending before the Board, and to avoid the expense and disruptions that would be caused by further defending the Board's investigation and, if necessary litigating whether I violated H.O. §§ 14-404(a)(3), (27), and (b) (2).

John Lee Flowers, M.D. to Samir R. Neimat, M.D., & Members of the Board

I agree that if the Board were to proceed with the prosecution of the charges in this matter, the State would be able to prove the charges by clear and convincing evidence. I agree to waive any right to contest the underlying investigation or any findings the Board may make in connection with the underlying investigation.

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 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 in lieu of disciplinary action under the Act as 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, and all underlying documents, 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.* (1999).

I hereby affirm that I do not maintain a medical practice in Maryland or in any other jurisdiction. 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.

I agree that on or before the effective date of this Letter of Surrender, I shall deliver to the Chief, or any successor, Division of Drug Control, 4201 Patterson Avenue, 1st Floor, Baltimore, Maryland 21215, my Maryland Controlled Dangerous Substances Certificate and any prescription pads in my possession. I agree that on or before the effective date of this Letter of Surrender, I shall deliver to the Diversion Group Supervisor, U.S. Drug Enforcement Administration, 200 St. Paul Place, Suite 2222, Baltimore, Maryland, 21202-2004, my DEA license. I acknowledge that on or before the effective date of this Letter of Surrender, I shall present to the Board my most recent Maryland medical license, number D40524, including any renewal certificates and wallet-sized renewal cards.

I further recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered until such time as I apply for reinstatement and comply with the terms and conditions set forth in this Letter and those determined by a case resolution conference and/or the Board subsequent to any

future application for reinstatement. I acknowledge that I shall not apply for the reinstatement of my Maryland license before December 31, 2003.

In the event that I apply for reinstatement of my Maryland license or for the issuance of a new Maryland medical License I understand that the Board may set terms and conditions that shall apply to my receiving a reinstated Maryland medical license or a new Maryland medical license. I also understand that if I apply for reinstatement or for a new Maryland medical license that I bear the burden of demonstrating to the Board that I am competent to practice medicine and possessed good moral character as specified in Md. Code Ann., Health Occ. § 14-307(b) and accompanying regulations. I understand that if I determine that I would like once again to practice medicine in Maryland, my application will be considered by the Board in the same posture as one whose license has been revoked for violations of H.O. §14-404(a) (3), (27) and (b) (2). I understand that if I apply for reinstatement of my Maryland license that a Board approved impaired physician substance abuse rehabilitation program must advocate for me in connection with my application for reinstatement of my Maryland license.

I understand that if I apply to the Board for reinstatement of my license, the Board will review my case and determine my fitness to have my license reinstated. I understand that the Board will only consider my application for reinstatement if I have entered into an advocacy contract with a Board approved impaired physician rehabilitation program and that I can demonstrate continued compliance with the said advocacy contract and provide documentary evidence of, at the minimum, one-year of documented compliance with the program. I understand that if the Board reinstates my license, it may impose conditions of probation that may include or be in addition to the aforementioned conditions. I understand that I must comply with all conditions of probation or be charged with a violation of probation.

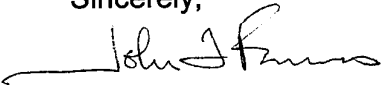
I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language meaning and terms and effect of this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

Finally, I wish to make clear that I have been advised of my right to be represented by the attorney of my choice throughout proceedings before the Board, including the right to consult with an attorney prior to signing this Letter of Surrender. I have knowingly, willfully and intelligently waived my right to be represented by an attorney before signing this letter surrendering my license to practice medicine in Maryland. I fully understand both the nature of the Board's actions and this Letter of Surrender. I acknowledge that I understand and comprehend the language, meaning, terms and effect of this Letter of Surrender.

John Lee Flowers, M.D. to Samir R. Neimat, M.D., & Members of the Board

I voluntarily chose to surrender my Maryland license to practice medicine pursuant to the terms and conditions specified herein.

Sincerely,

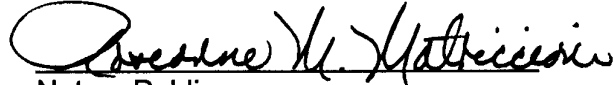

John Lee Flowers, M.D.

STATE OF MARYLAND

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 28th day of April, 2003, before me, a Notary Public of the State and City/County aforesaid, personally appeared John Lee Flowers, M.D., and declared and affirmed under the penalties of perjury that signing the foregoing letter of surrender was his/her voluntary act and deed.


AS WITNESS my hand and notarial seal.


Notary Public

My Commission expires: 11/1/04

ACCEPTANCE

On behalf of the Board of Physician Quality Assurance, on this 30th day of April 2003, I accept John Lee Flowers, M.D.'s **PUBLIC** surrender of his license to practice medicine in the State of Maryland. The Board signature of acceptance may be executed in counterpart.


C. Irving Pinder, Jr., Executive Director
Board of Physician Quality Assurance