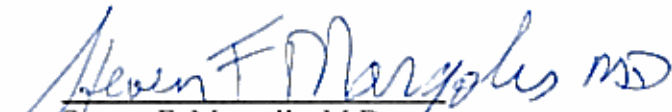



6. This Agreement will remain in effect until the Board determines that this Agreement should be modified or terminated; or until the Board takes other action against my license to practice medicine; or until the Board takes final action on the above-referenced matter.
7. I am entering this Agreement voluntarily.
8. I understand that this Agreement is a public document and may be subject to a press release.
9. I understand that this action will be reported by the Board to the Health Care Integrity and Protection Data Bank and the Federation of State Medical Boards.
10. I understand that this Agreement does not represent a final determination or action of any kind and does not preclude the Board from taking any disciplinary action against me, including but not limited to possible summary suspension of my license to practice medicine, provided, however, that such authority is subject to my right(s) referred to in paragraph 12 of this Agreement.
11. Any violation of this Agreement shall be prima facie evidence supporting immediate summary suspension of my license to practice medicine.
12. I understand that by voluntarily agreeing to the practice restrictions specified in this Agreement, I do not waive my right to contest any allegations that might be brought against me by the Board in the future and my signature to this Agreement does not constitute any admissions on my part. Nothing contained in this Agreement shall be construed as an admission of wrongdoing of any kind in the practice of medicine or otherwise.
13. I agree to provide a complete copy of this Agreement, within twenty-four (24) hours of notification of the Board's acceptance of this Agreement, by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in-state or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which I practice medicine; any in-state or out-of-state health maintenance organization, with which I have privileges or any other kind of association; any state agency, in-or-out-of state, with which I have a provider contract; any in-state or out-of-state medical employer, whether or not I practice medicine there; the Drug Enforcement Administration Boston Diversion Group; Massachusetts Department of Public Health Drug Control Program; and the state licensing boards of all states in which I have any kind of license to practice medicine. I will certify to the Board within seven (7) days that I have complied with this directive. The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above or any other affected entity, of any action it has taken.

14. This Agreement represents the entire agreement between the parties at this time.

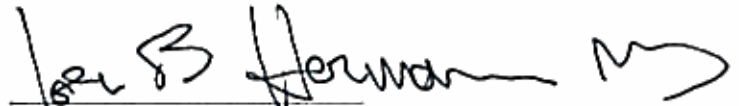

Steven F. Margolis, M.D.

4/23/09
Date


John Ryan, Esq.
Attorney for Steven Margolis, M.D.

04/23/09
Date

Allowed by the Massachusetts Board of Registration in Medicine this 24th day of April 2009.


John B. Herman, M.D.
Chairman

04/23/09 14:23