



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

July 14, 2008

Eric Jacques Carbonell, M.D.
P.O. Box 1734
Frederick, MD 21702

Re: **ME 74153**

Dear Dr. Carbonell:

This will acknowledge receipt of your request to voluntarily relinquish your Florida Medical Doctor license.

Your license record in the central file of the Board of Medicine will reflect voluntary relinquishment of your medical license effective 7-14-08. Therefore, you will no longer receive any correspondence from the Board regarding your license.

By copy of this letter, we are notifying the Neurological Birth-Related Injury Compensation Association (NICA) of this action.

If you have any questions, please call me at (850) 245-4444 ext. 3521.

Sincerely,

COPY
Bettye Cherise Davis
Regulation Specialist I

CC: NICA

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disc ✓



Charlie Crist
MPH
Governor

Ana M. Viamonte Ros, M.D.,
Secretary of Health / State Surgeon General

**BOARD OF MEDICINE
VOLUNTARY RELINQUISHMENT FORM**

License Number	ME T4153
Name (Please Print)	Eric J. Carbonell, MD
Mailing Address	PO Box 1734 Frederick, MD 21702

64B8-8.018 Voluntary Relinquishment of License

(1) If a licensee wishes to voluntarily relinquish a license at a time when no investigation has been initiated against the licensee, no investigation against the licensee is anticipated, and no disciplinary action is pending, and the licensee is not under any current restrictions by the Board of this state or any other jurisdiction, then the licensee's request for voluntary relinquishment may be acted upon by staff without further action by the Board. In such a case, the voluntary relinquishment shall not be considered action against the license as that term is used in Section 458.331(1)(b), Florida Statutes.

(2) If a licensee wishes to voluntarily relinquish a license, but the licensee or the license is currently under any of the constraints set forth in (1) above, then the licensee may relinquish the license only with the approval of the Board. If the voluntary relinquishment is accepted by the Board at the time an investigation is underway, or is anticipated, or when a disciplinary action is in progress, then the acceptance of the voluntary relinquishment of the license shall be considered action against the license as that term is used in Section 458.331(1)(b), Florida Statutes, and shall be reported as such by the Board.

I request to administratively relinquish my Florida medical license. I understand that I will no longer receive any communication from the Department of Health, including a biennial licensure renewal form. I understand that to practice as a physician in the State of Florida I will have to reapply for licensure and meet all of the statutory requirements in place at the time of applying.

Signature: Eric J. Carbonell Date: _____
June 30, 2008

Relinquishing your license requires the return of your Florida medical license with this form.

Mailing address:
Department of Health, Board of Medicine, 4052 Bald Cypress Way, Bin # C-03,
Tallahassee, Florida 32399-3253.

MEDICINE BOARD
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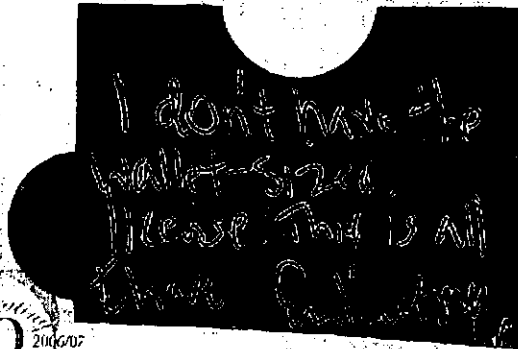
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/28/2006	ME 74153	207097

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2009**

ERIC JACQUES CARBONELL
ATTN: THE HARBOR
7074 GROVE ROAD
BROOKSVILLE, FL 34609



Jeb Bush

JEB BUSH
GOVERNOR

M. Rony Francois
M. Rony Francois, M.D., M.S.P.H., Ph.D.
SECRETARY

DISPLAY IF REQUIRED BY LAW