
MICHELLE JACKSON, M.D.

MSBML

JUN 21 2019

Mississippi State Board of Medical Examiners
Cyprus Ridge Building
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

6/18/2019

To Whom It May Concern:

I am writing to you regarding my current Mississippi license to practice medicine. As I am not currently practicing medicine in the state of Mississippi and do not have any plans to practice in the state in the immediate future, I Michelle S. Jackson, M.D. respectfully "SURRENDER" my license to practice medicine, in the state of Mississippi, to the Mississippi Board of Medical Licensure.

Should you have any questions or need to contact me regarding this matter, I can be reached at: _____ or via email at: _____. Thank you in advance for your attention and cooperation in this matter. It has been my pleasure working with you.

Sincerely,



Michelle S. Jackson, M.D.

Original Signature MSBML
