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Final Order No. DOH-08-1380-5 -MOA  
FILED DATE 10-23-08  
Department of Health  
By: *Harmony McLean*  
Deputy Agency Clerk

STATE OF FLORIDA  
BOARD OF MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOH CASE NO.: 2007-23645  
LICENSE NO.: ME0092222

SAMANTHA LANDIE LIU, M.D.,

Respondent.

\_\_\_\_\_ /

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) on June 6, 2008, in Orlando, Florida, for the purpose of considering Respondent's offer to voluntarily relinquish her license to practice medicine in the State of Florida. (Attached hereto as Exhibit A.) Said written offer of relinquishment specifically provides that Respondent agrees never again to apply for licensure as a physician in the State of Florida.

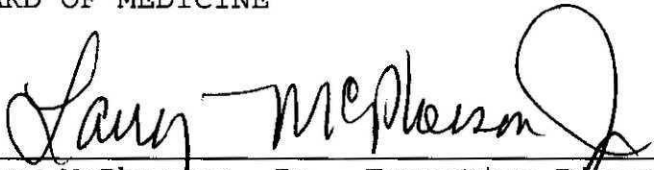
Upon consideration of the written offer of voluntary relinquishment, the charges, and the other documents of record, and being otherwise fully advised in the premises,

IT IS HEREBY ORDERED that Respondent's Voluntary Relinquishment of her license to practice medicine in the State of Florida is hereby ACCEPTED, and shall constitute discipline upon Respondent's license.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

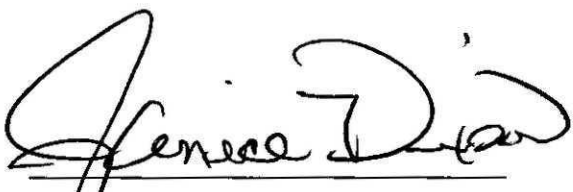
DONE AND ORDERED this 19 day of JUNE, 2008.

BOARD OF MEDICINE

  
Larry McPherson, Jr., Executive Director  
For Robert Cline, M.D., Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to SAMANTHA LANDIE LIU, M.D., 1430 Buckingham Way, Hillsborough, California 94010; and by interoffice delivery to Ephraim Livingston, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3253 this 23<sup>rd</sup> day of June, 2008.

  
Deputy Agency Clerk

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH,**

**DEPARTMENT OF HEALTH,  
PETITIONER,**

**v.**

**DOH CASE NO. 2007-23645**

**SAMANTHA LANDIE LIU, M.D.,  
RESPONDENT.**

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**VOLUNTARY RELINQUISHMENT OF LICENSE**

Respondent, Samantha Landie Liu, M.D., medical license number 92222, hereby voluntarily relinquishes Respondent's license to practice medicine in the State of Florida, effective immediately, and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this cause. Respondent understands that acceptance by the Board of Medicine (hereinafter the Board) of this Voluntary Relinquishment shall be construed as action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes.
2. Respondent agrees to never reapply for licensure as a medical doctor in the State of Florida.
3. Respondent agrees to voluntarily cease practicing medicine immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the practice of medicine until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written final order in this matter.

4. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the investigative report of the Florida Department of Health, and all other information obtained pursuant to the Department's investigation in the above-styled action. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible to the public. Section 456.073(10) Florida Statutes.


5. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

6. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this matter.

7. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board shall not prejudice or preclude the Board or any of its members, from further participation, consideration, or resolution

of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.

Dated this 4th day of April, 2008.

  
SSAMANTHA LANDIE LIU M.D.

STATE OF California

*please see Notary's Ack. Attached*

COUNTY OF San Mateo

Before me, personally appeared \_\_\_\_\_, whose identity is known to me by \_\_\_\_\_ (type of identification) and who, under oath, acknowledges that his signature appears above.

Sworn to and subscribed by Respondent before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

ACKNOWLEDGMENT

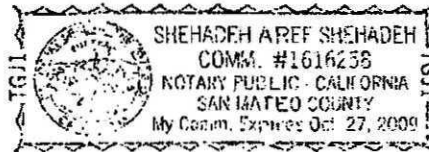
State of California
County of SAN MATEO } ss.

On April 4, 2008 before me, SHEHADEH AREF SHEHADEH
Notary Public, personally appeared Samantha Landis Liu

who proved to me on the basis of satisfactory evidence to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the
foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

OPTIONAL INFORMATION

Form with fields for Date of Document, Type or Title of Document, Number of Pages in Document, Document in a Foreign Language, Type of Satisfactory Evidence, Capacity of Signer, and Other Information. Includes a Thumbprint of Signer box and a checkbox for 'Check here if no thumbprint or fingerprint is available.'