

STATE OF INDIANA)
)
COUNTY OF MARION)

BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA

RECEIVED

IN THE MATTER OF
PHILLIP J. JOHNSON, M.D.,
RESPONDENT

ADMINISTRATIVE CAUSE 83-MLB-0033
HEALTH PROFESSIONS
SERVICE BUREAU

DEC 16 1983

ORDER

The State's Motion to Dismiss the administrative charges against Respondent because of a lack of evidence for prosecution having come before the Board and the Board being advised of the premises, GRANTS the motion and ORDERS and DECREES that the charges be dismissed.

Daniel T. Ramker 4 BKK
Daniel T. Ramker, President

cc: Robert K. Robisch
Mike Minglin
Alan VerPlanck

Certified Mail # P 446 426 560

P 446 426 560

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Philip Johnson DDS
Street and No.	
P.O. State and Zip Code	2414 E. State Blvd Ft. Wayne, IN 46805
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	DEC 16 1983

PS Form 3800, Feb. 1982

Mary D. /mlb

● **SENDER:** Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
 Show to whom and date delivered
 Show to whom, date, and address of delivery ..
 RESTRICTED DELIVERY
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO: Philip Johnson, DDS
 2414 E. State Blvd
 Ft. Wayne, IN 46805

4. TYPE OF SERVICE: ARTICLE NUMBER
 REGISTERED INSURED P 446 426
 CERTIFIED COD 560
 EXPRESS MAIL

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE *Mary D. Johnson* Addressee Authorized agent

5. DATE OF DELIVERY 12/16/83 POSTMARK
(Postmark to be on reverse side)

6. ADDRESSEE'S ADDRESS (Print or type)

7. UNABLE TO DELIVER BECAUSE OF _____ EMPLOYEE'S INITIALS *BS*

PS Form 3811, July 1982

RETURN RECEIPT

* GPO: 1982-379-533