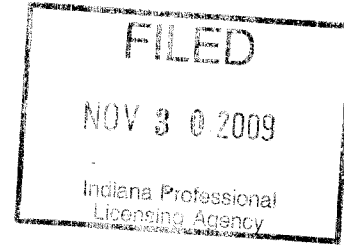


BEFORE THE MEDICAL LICENSING BOARD OF INDIANA
CAUSE NUMBER: 2009 MLB 0031

IN THE MATTER OF THE LICENSE OF:)
PHILLIP DELANO FOLEY, M.D.)
)
LICENSE NO.: 01019413A)



ORDER TO DENY RESPONDENT'S REQUEST FILED NOVEMBER 20, 2009

COMES now the Respondent, Phillip Delano Foley, M.D., by Counsel, and files a request to set the December 3, 2009 hearing scheduled at 2:30pm for a Final Hearing or, in the alternative, to provide written approval of Respondent's surrender of license.

And the Medical Licensing Board of Indiana ("Board"), having reviewed said request and the State of Indiana's Response, now finds that said request should be denied.

IT IS THEREFORE ORDERED by the Board that the Hearing scheduled for **December 3, 2009 at 2:30 p.m.** is set only for a Renewal of the Summary Suspension.

ORDERED this 30th day of November, 2009.

MEDICAL LICENSING BOARD OF INDIANA

BY: Steve Huddleston (KK)
Stephen Huddleston, J.D., Board President

Distribution:

Phillip Delano Foley, M.D.
613 North 10th Street
Middletown, IN 47356
CERTIFIED MAIL NO. 7005 3110 0002 4933 9726
RETURN RECEIPT REQUESTED

Mark Rutherford, Esq.
Jennifer R. Tudor, Esq.
THRASHER BUSCHMANN GRIFFITH & VOELKEL
1900 Market Square Center
151 N. Delaware Street
Indianapolis, IN 46204

Michael Minglin, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Phillip Delano Foley, M.D.
613 North 10th Street
Middletown, Indiana 47356

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Sharon Reedy
B. Received by (Printed Name) *SHARON REEDY*
C. Date of Delivery *12-9-04*
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number
(Transfer from service label)

2009 m130031 12/3/04

7005 3110 0002 4933 9726

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 3110 0002 4933 9726

U.S. Postal ServiceTM RECEIPT
CERTIFIED MAILTM
(Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Middletown 2009 12/3/04
INDIANA 47356
NOV 30 2009
554
USPS

Postage \$ *19.206-99*
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Phillip Delano Foley, M.D.
613 North 10th Street
Middletown, Indiana 47356

PS Form 3800, June 2002

See Reverse for Instructions