

BEFORE THE GEORGIA STATE BOARD OF

DENTISTRY

PROFESSIONAL LICENSING BOARDS
JAN 22 2007
DOCKET NUMBER
<u>2007-0205</u>

IN THE MATTER OF:

ART Piraquive

DOCKET NO.

Respondent

VOLUNTARY CEASE AND DESIST ORDER

Respondent, who resides at / who operates his / her business at ART Piraquive
2505 Chamber Town Rd Chamber GA 30341 currently does not possess a license to
 practice as a (an): DENTIST in the State of Georgia, pursuant to the Official Code
 of Georgia Annotated (O.C.G.A.), Title 43, Chapter 14, as amended. Potential violations of this
 part of O.C.G.A. have been called to Respondent's attention. Respondent has consented to this
 Order and agrees to voluntarily cease and desist from any act or practice that requires licensure
 under Title 43, Chapter 14 O.C.G.A., as amended, until such time as Respondent becomes properly
 licensed by the Board.

Respondent freely, knowingly and voluntarily waives the right to a hearing in this matter.
 Respondent understands that, should Respondent apply for licensure with the Board, the Board has
 access to this Order and the entire investigative file in this matter.

This order is effective upon approval by: The BOARD OF DENTISTRY
 and docketing with the Division Director, Professional Licensing Boards. The Order shall remain
 in effect until such time as Respondent is properly licensed with the Board, or until further order.
 Respondent understands this order is a public record and evidence of the final disposition of
 any proceedings presently before the Board.

Any violation of this Cease and Desist Order shall subject Respondent to a fine of
 \$ 500.00 for each transaction constituting a violation thereof, pursuant to O.C.G.A. § 43-11-50.

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EXHIBIT # 2

Satara B. Allister

Name of agent / inspector serving document

10/24/06

Date document served

CONSENTED TO:

ART Piraguirre

[Signature]
SIGNATURE OF RESPONDENT

Sworn to and subscribed before me, this 24th day of Oct 2006.

[Signature]
NOTARY PUBLIC

My commission expires:

6/7/10

APPROVED BY:

[Signature]
Clark Carroll, DMD

01/19/07

CHAIRPERSON



ATTESTED TO:

[Signature]
MOLLIE L. FLEEMAN
DIVISION DIRECTOR
[Signature]