

BEFORE THE GEORGIA STATE BOARD OF
DENTISTRY

IN THE MATTER OF:

CHERYL COGGINS

Respondent

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DOCKET NO.

PROFESSIONAL LICENSING BOARDS
MAY 19 2005
DOCKET NUMBER 2005-0716

VOLUNTARY CEASE AND DESIST ORDER

Respondent, who conducts her business at: 1631 Gordon Highway Suite #22

Augusta, GA 30906 currently does not possess a license to practice as a : Dentist, in the State of Georgia, pursuant to the Official Code of Georgia annotated (O. C. G. A.), Title 43, Chapter 11, as amended. Potential violations of this part of O. C. G. A. have been called to the Respondent's attention. The 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 11, O. C. G. A., as amended, until such time the 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 the 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 the approval by: THE GEORGIA STATE BOARD OF DENTISTRY and docketing with the Division Director, Professional Licensing Boards. The Order shall remain in effect until such time as the 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 the Respondent to a fine of (\$500.00) for each transaction constituting a violation thereof, pursuant to O. C. G. A. 43-1-20.1.

WANDA L. MARTIN
Name of agent/ inspector serving document

mailing
3374 monte carlo Drive
Augusta, Ga 30906
(706) 793-1390

MARCH 22, 2005
Date document served

CONSENTED TO:

Cheryl B. Coggins
Cheryl B. Coggins Respondent

January 30, 1961

Sworn to and subscribed before me, this 22ND Day of MAR 2005

[Signature]
NOTARY PUBLIC
My commission expires:
9/25/05



APPROVED BY: [Signature]
Peter S. Trayer, DDS
CHAIRPERSON

ATTESTED TO: [Signature]
MOLLIE L. FLEEMAN
DIVISION DIRECTOR