BEFORE THE GEORGIA STATE BOARD OF

| | DENTISTS | |
|---|--------------------|-------------------------------|
| | | PROFESSIONAL LICENSING BOARDS |
| IN THE MATTER OF: | : | i |
| Les Allen | dba : | DOCKET NO. |
| LEKON HIDIMS | : | APR 2 5 7067 |
| LERON ADAMS Jon' Ric International Medical Spa a | <u>ınd Salon</u> : | f |
| Respondent | | OOCKET NUMBER |
| - | | 3007-0780 |

VOLUNTARY CEASE AND DESIST ORDER

Respondent, who conducts business at: 229 Fury's Ferry Road Augusta, GA 30907, 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

DENTISTS

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 prescutly before the Board.

Any violation of this Cease and Desist Order shall subject the Respondent to a fine of (\$1000.00) for each transaction constituting a violation thereof, pursuant to O. C. G. A. 43-1-20.1.

| MENDA L. MARTIN | The |
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| Name of agent/ inspector serving document | t |
| Date document served | |
| CONSENTED TO: SIGNATURE | 4/19/07 BOB SOCIAL SECURITY# |
| PRINTED NAME 706-364-093 + PHONE # | MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS |
| Sworn to spil subscribed before me, this 1974 NOTARY PUBLIC My commission expires: 8 3 0 5 | _ Day of <u>APR</u> _ 20 <u>D</u> 7 |
| | APPROVED BY: Clark Colons DAD with copies promition by a market. |
| ·· | CHAIRPERSON |

ATTESTED TO:

| Market | Mark