

July 2020 Public Board Actions List

Georgia Composite Medical Board
Attn: **Ms. Latisha Bias**, Public Records Unit
2 Peachtree Street, N.W., 6th Floor
Atlanta, Georgia 30303-3465
PH: (404) 657-3194
FX: (404) 463-2539
Email: latisha.bias@dch.ga.gov

The Board issued **one** public order in **July 2020**. To view each Board order, click on the licensee's name below.

1. **Anthony Dwayne Mills, MD**
44023
Physician
Voluntary Surrender

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

IN THE MATTER OF:

Anthony Dwayne Mills, M.D.
License No. 44023,
Respondent.

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GEORGIA COMPOSITE
MEDICAL BOARD

JUL 17 2020

DOCKET NUMBER:
20210003

VOLUNTARY SURRENDER

I, ANTHONY DWAYNE MILLS, M.D., holder of License No. **44023** to practice medicine in the State of Georgia pursuant to O.C.G.A. Ch. 34, T. 43, as amended, hereby freely, knowingly and voluntarily surrender said license to the Georgia Composite Medical Board. I hereby acknowledge that this surrender shall be considered to be and have the same effect as a revocation of my license, and I knowingly forfeit and relinquish all right, title and privilege of practicing medicine in the State of Georgia, unless and until such time as my license may be reinstated, in the sole discretion of the Board.

I acknowledge that I have read and understand the contents of this Voluntary Surrender. I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly and voluntarily waive such right. I also understand that should the Board entertain any request for reinstatement, the Board shall have access to any investigative or medical information regarding me. I further understand that upon applying for reinstatement, it shall be incumbent upon me to demonstrate to the satisfaction of the Board that I am able to practice medicine with reasonable skill and safety to patients, and that the Board may investigate my conduct since the time of the surrender of my license. I understand and agree that any reinstatement of my license to practice medicine is a matter in the sole discretion of the Board and that the Board may deny any such reinstatement without identifying a reason for said denial. I understand that I cannot apply for reinstatement for two years from the date of the surrender of my license.

This surrender shall become effective upon acceptance and docketing by the Board. I understand that this document will be considered to be a public record evidencing disciplinary action, and that this action shall be considered to be and may be disseminated as a final order of the Board.

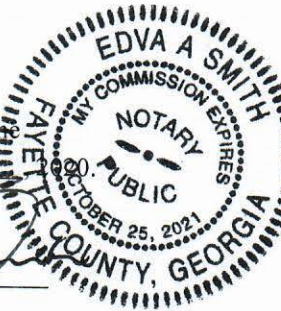
[As to Respondent's signature:]

Sworn to and subscribed before me

This 16 day of July

Edva A. Smith
NOTARY PUBLIC

My commission expires:



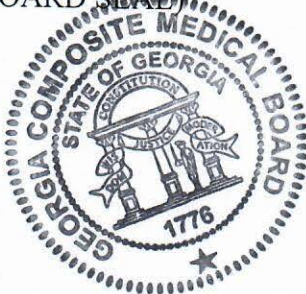
Anthony Dwayne Mills
ANTHONY DWAYNE MILLS, M.D.
Respondent

ACCEPTANCE OF SURRENDER

The voluntary surrender of License No. **44023** is hereby accepted by the Georgia Composite Medical Board, this 17th day of July, 2020.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)



BY:

Barby J. Simmons
BARBY J. SIMMONS, DO.
Chairperson

ATTEST:

Lasharn Hughes
LASHARN HUGHES
Executive Director