

STATE OF GEORGIA PERSONAL CARE HOME PERMIT

This is to certify that a permit is hereby granted to

(City or Town) (Zip Code) Permit Effective Date: June 20, 2023 , and remains in effect unless revoked or suspended. "This possit is granted pursuant to the authority vested in the Department of Community Health pursuant to O.C.G.A. 31-7-3 and signifies	
Said facility and premises are located at 1206 W MAGNOLIA ST	
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in VALDOSTA 31601 County of LOWNDES (City or Town) (Zip Code) Permit Effective Date: June 20, 2023 and remains in effect unless revoked or suspended. "This permit is granted pursuant to the authority vested in the Department of Community Health pursuant to O.C.G.A. 31-7-3 and signifies facilities and operations comply with the Rules and Regulations of the Department of Community Health on the date this permit was issue THIS PERMIT IS NOT TRANSFERABLE PERMIT NO. PCH012243 In Witness Whereof, we have hereunto set our hand this 23rd day of June 2023	
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III AAITHRAR AAIRIANI'A AA HAAA HAAAHIYA SEL OOL HINING AHIR	
GEORGIA DEPARTMENT OF COMMUNITY HEALTH HEALTHCARE FACILITY REGULATION DIVISION	
Br di	
Reniamin Arbise, Executive Director	