GEORGIA DEPARTMENT OF COMMUNITY HEALTH	
STATE OF GEORGIA	
PERSONAL CARE HOME PERMIT This is to certify that a permit is hereby granted to	
PROVIDENCE PLACE LLC	
(Name of (Governing Body)
to maintain and operate a Personal Care Home with a capacity of $\6$	named as BLANTON HOUSE AT COTTON GROVE ESTATE, THE
Said facility and premises are located at	(Name of Facility) 233 JOE NAIA ROAD
in JESUP 31545 County of	(Street) WAYNE
(City or Town) (Zip Code)	, Georgia.
Permit Effective Date: October 27, 2022	, 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 that its facilities and operations comply with the Rules and Regulations of the Department of Community Health on the date this permit was issued."	
THIS PERMIT IS NOT TRANSFERABLE	PERMIT NO. PCH009380
In Witness Whereof, we have hereunto set our hand this17th	day of March _ , <u>2023</u>
GEORGIA DEPARTMENT OF COMMUNITY HEALTH	HEALTHCARE FACILITY REGULATION DIVISION
	Br A.
	Benjamin Arbise, Deputy Chief