

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RT0569600 ZT0569600	11-30-2025	\$296
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3	MAINTENANCE	10-02-2024
THE GENESIS CENTER OF WINDER LLC 206 E BROAD ST WINDER, GA 306802202		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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THE GENESIS CENTER OF WINDER LLC 206 E BROAD ST WINDER, GA 306802202		

**CONTROLLED SUBSTANCE/REGULATED CHEMICAL
 REGISTRATION CERTIFICATE**
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

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REPORT
 CHANGES
 PROMPTLY

Form DEA-223/511 (9/2016)

**REQUESTING MODIFICATIONS TO YOUR
 REGISTRATION CERTIFICATE**

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at deaddiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

----- You have been registered to handle the following chemical/drug codes: -----

Completed Internet Form - NOT FOR SUBMISSION DEA/Control Number: RT0569600 Submission Date: Wed Oct 02 07:53:53 EDT 2024		APPLICATION FOR REGISTRATION UNDER CONTROLLED SUBSTANCES ACT OF 1970		Form DEA 363A Completed Internet Receipt. NOT FOR SUBMISSION									
NAME: Applicant or Business (LAST) THE GENESIS CENTER OF WINDER LLC		(First, MI)		Application Complete. Tracking Number: 13464110 Fee Paid: 296									
TAX IDENTIFYING NUMBER and/or XX-XXXX64		SOCIAL SECURITY NUMBER XXX-XX-XX64		For more information regarding SSN/TIN, See Note 3 under ADDITIONAL INFORMATION below									
PROPOSED BUSINESS ADDRESS. (When entering a P.O. box, you are required to enter a street address) 206 E BROAD ST													
CITY WINDER		STATE GA		ZIP CODE 30680-2202									
APPLICANT'S BUSINESS PHONE NUMBER 4045586852		POC CELL PHONE NUMBER 4045586852											
POC NAME DEBI BRADLEY/ CHARLES DAVENPORT PIC		POC EMAIL ADDRESS GRRCWINDER@GMAIL.COM											
REGISTRATION CLASSIFICATION													
BUSINESS ACTIVITY: MAINTENANCE				INDICATE HERE IF YOU REQUIRE ORDER FORMS. N									
Drug Schedules: 2 3													
State License/Liability Information													
You must be currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate. Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn WITHOUT refund.													
State License No. PHOP000103		State: GA		Expire Date: 06-30-2023									
State Controlled License No.		Expire Date:											
<table border="1"> <tr> <td>1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending?</td> <td>N</td> </tr> <tr> <td>2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending?</td> <td>N</td> </tr> <tr> <td>3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?</td> <td>N</td> </tr> <tr> <td>4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?</td> <td>N</td> </tr> </table>						1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending?	N	2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending?	N	3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?	N	4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?	N
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Registration Fee: Registration Fee Paid: 296													

Certification for Fee Exemption (if applicable)			
Certifying Official's Name		Certifying Official's Title	
Certifying Official's Phone		Certifying Official's Email	
Name of Fee Exempt Institution			

Practitioner Information (if applicable)			
National Provider ID		Professional Degree	
Date of Birth		Graduation Year (Medical/Professional School)	
Medical/Professional School			

Manufacturer Details (if applicable)								
Category/Schedule	1	2	2N	3	3N	4	5	L1
Bulk, Synthesizer - Extractor								
Dosage Form								
Repacker - Relabeler								
Non-Human Consumption								

Application Certification:

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on this electronic DEA application is true and correct and understand that this constitutes an electronic signature for purposes of this electronic DEA application only.

* Name of Applicant (For individual registrants, the registrant themselves MUST complete this E-Signature) or name of Officer of the Corporation/Company

e-Signature: DEBI BRADLEY

This electronic DEA application must be certified by the applicant/registrant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust, or other entity. See 21 C.F.R § 1301.13(j) for more information on who can certify this application

ADDITIONAL INFORMATION

Form 363A Form 363A Approved OMB Form No. 1117-0015 Expires: 09/30/2025(15 minutes)

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is (See Above). Public reporting burden for this collection of information is estimated to average (See Above) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
3. The Debt Collection Improvements Act of 1996 (31 U.S.C. §7701) requires that you furnish your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on this application. This number is required for debt collection procedures if your fee is not collectible.
4. **PRIVACY ACT NOTICE:**
Providing information other than your SSN or TIN is voluntary; however, failure to furnish it will preclude processing of the application. The authorities for collection of this information are §§302 and 303 of the Controlled Substances Act (CSA) (21 U.S.C. §§ 822 and 823). The principle purpose for which the information will be used is to register applicants pursuant to the CSA. The information may be disclosed to other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes, State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes, and person registered under the CSA for the purpose of verifying registration. For further guidance regarding how your information may be used or disclosed, and a complete list of the routine uses of this collection, please see the DEA System of Records Notice "Controlled Substances Act Registration Records" (DEA-005), 52 FR 47208, December 11, 1987, as modified.