



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

## STATE OF GEORGIA

### NARCOTIC TREATMENT PROGRAM PERMIT

This is to certify that a permit is hereby granted to

**INDIA JOHNSON**

(Name of Governing Body)

to maintain and operate a **DRUG ABUSE TREATMENT AND EDUCATION PROGRAM SPECIALIZING IN ONLY NARCOTIC TREATMENT**

named as

**ACCESS HEALTH TREATMENT CENTER, LLC**

(Name of Facility)

Said facility and premises are located at

**105 - A BRADFORD SQUARE**

(Street)

in

**FAYETTEVILLE**

, County of

**FAYETTE**

, Georgia.

(City or Town)

This permit is effective

**September 24, 2015**

and remains in effect unless revoked or suspended.

This permit is granted pursuant to the authority vested in the Department of Community Health, Official Code of Georgia, Annotated, Section 26-5-2 et seq., and signifies that the provider complies with the Rules and Regulations of the Department of Community Health on the date this license was issued

**THIS PERMIT IS NOT TRANSFERABLE**

Permit No:

**NTP001082**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

*Melanie Simon*

Melanie Simon, Executive Director