



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**STATE OF GEORGIA  
PRIVATE HOMECARE PROVIDER PERMIT**

This is to certify that a license is hereby granted to VIDMA CARE MISSION, LLC  
(Name of Governing Body)

to operate as a Private Home Care Provider named as VIDMA CARE MISSION, LLC  
(Name of Facility)

providing **NURSING, PERSONAL CARE, AND COMPANION OR SITTER**

located at 3045 WHITTIER WAY in CUMMING, County of FORSYTH, Georgia.  
(Street) (City or Town)

Permit effective date: **September 25, 2020**, and remains in effect unless revoked, suspended or returned.

"This license is granted pursuant to the authority vested in the Department of Community Health, Official Code of Georgia, Annotated Title 31, Chapter 7, 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: PHCP010920

In Witness Whereof, we have hereunto set our hand this **06th** day of July, **2021**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief