



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

STATE OF GEORGIA EYE BANK LICENSE

This is to certify that a license is hereby granted to

GEORGIA EYE BANK, INC.

(Name of Governing Body)

to operate as an Eyebank named as _____

GEORGIA EYE BANK

(Name of Facility)

located at 5605 GLENRIDGE DRIVE, NE, SUITE 250 in ATLANTA, County of FULTON, Georgia.
(Street) (City or Town)

This license is effective May 31, 2018 through May 31, 2019

"This license is granted pursuant to the authority vested in the Department of Community Health, Official Code of Georgia, Annotated Chapter 23, Title 31, 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 LICENSE IS NOT TRANSFERABLE

In Witness Whereof, we have hereunto set our hand this 6TH day of JULY, 2016.

License No: 060-001

Waivers/Variances Granted:

Waiver Date: _____ Rule #: _____

Waiver Date: _____ Rule #: _____

Waiver Date: _____ Rule #: _____

(The Letter Outlining These Conditions Shall be Posted)

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief