



State of Illinois 2022759

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DAMON T. ARNOLD, M.D.  
DIRECTOR

Issued under the authority of  
The State of Illinois  
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/31/12	073	1010413

\*\*HOME HEALTH AGENCY LICENSES\*\*  
 SKILLED NURSING\*\*SPEECH THERAPY  
 PHYSICAL THERAPY \*\*\*\*\*  
 OCCUPATIONAL THERAPY \*\*\*\*\*  
 MEDICAL SOCIAL SERVICE \*\*\*\*\*  
 HOME HEALTH AIDE \*\*\*\*\*

BUSINESS ADDRESS

HOME BOUND HEALTHCARE, INC.  
 1615 VOLLMER ROAD  
 FLOSSMOOR IL 60422 1992

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CONSPICUOUS PLACE

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IDENTIFICATION



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01/29/11  
 HOME BOUND HEALTHCARE, INC.  
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 FLOSSMOOR IL 60422 1992

FEE RECEIPT NO. 027537