



State of Illinois
Department of Public Health

2022760

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	1010622

****HOME HEALTH AGENCY LICENSES****
SKILLED NURSINGSPEECH THERAPY**
PHYSICAL THERAPY *****
OCCUPATIONAL THERAPY *****
MEDICAL SOCIAL SERVICE *****
HOME HEALTH AIDE *****

BUSINESS ADDRESS

HOME BOUND HEALTHCARE, INC.
3401 16TH STREET, STE 5
MOLINE IL 61265

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CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION

State of Illinois
Department of Public Health

202276

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01/31/12	073	1010622

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SKILLED NURSINGSPEECH THERAPY**
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OCCUPATIONAL THERAPY *****
MEDICAL SOCIAL SERVICES *****
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01/29/11

HOME BOUND HEALTHCARE, INC.
3401 16TH STREET, STE 5
MOLINE IL 61265

FEE RECEIPT NO. 027536