



State of Illinois 2019989

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.

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

DANON T. ARNOLD, M.D.
DIRECTOR

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/31/12	073	1010834

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

BUSINESS ADDRESS

HOME BOUND HEALTHCARE, INC.
 7810 N. UNIVERSITY
 PEORIA

ILL 61614 1206
The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

State of Illinois 2019989

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/31/12	073	1010834

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

COPY