



State of Illinois 2021126  
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	ID. NUMBER
01/31/12	073	1011016
**HOME HEALTH AGENCY LICENSES** SKILLED NURSING**SPEECH THERAPY PHYSICAL THERAPY ***** OCCUPATIONAL THERAPY ***** MEDICAL SOCIAL SERVICE ***** HOME HEALTH AIDE *****		

BUSINESS ADDRESS

**COPY**

HOME BOUND HEALTHCARE INC.  
421 SOUTH GRAND AVE. W, STE 2BW  
SPRINGFIELD IL 62704