



State of Illinois 2022851

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		4000129

HOME NURSING AGENCY

COPY

BUSINESS ADDRESS

HOME BOUND HEALTHCARE, INC.  
421 SOUTH GRAND AVE WEST, STE 2B  
SPRINGFIELD IL 62704

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← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

State of Illinois 2022851  
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/31/12		4000129

HOME NURSING AGENCY

01/29/11

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

026597

FEE RECEIPT NO.