



State of Illinois 2022798

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		3000183

HOME SERVICES AGENCY

BUSINESS ADDRESS

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

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CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION



State of Illinois 202279
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/31/12		3000183

HOME SERVICES AGENCY

01/29/11

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

026597

FEE RECEIPT NO.