



Eric J. Holcomb  
*Governor*

Lindsay M. Weaver, MD, FACEP  
*State Health Commissioner*

December 22, 2023

Facility 005822

KEVIN HA  
VERSITI ILLINOIS, INC  
2126 45TH STREET  
HIGHLAND, IN 46322

Dear KEVIN HA:

We are pleased to inform you that you meet the licensure requirements for blood centers in Indiana.

Your license covering the period from January 1, 2024 through December 31, 2024 is enclosed. You should report any changes in staffing, service, or organization, which might affect your licensure status, to:

Indiana State Department of Health  
Blood Center Licensure Program  
2 North Meridian Street, Room 4A  
Indianapolis, IN 46204

We appreciate your cooperation and look forward to your continued participation in the licensing program.

Sincerely,

A handwritten signature in black ink that reads 'Lorraine Switzer'.

LORRAINE SWITZER  
PROGRAM DIRECTOR  
317/233-7502  
FAX (317)233-7157

Enclosure

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

2 North Meridian Street • Indianapolis, Indiana 46204 • 317-233-1325 • [health.in.gov](http://health.in.gov)

An equal opportunity employer.

The Indiana Department of Health is accredited by the Public Health Accreditation Board

# Indiana Department of Health

## Blood Center License

*This is to certify that:*

Versiti Illinois, Inc d/b/a  
**VERSITI ILLINOIS, INC**  
2126 45TH STREET  
HIGHLAND, IN

*a Blood Center, along with all off premise locations listed on the supplemental license, has fulfilled the requirements for licensure and is subject to provisions of IC 16-41-12 and the rules of the Indiana State Department of Health issued thereunder.*

*This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana Department of Health issued thereunder.*

*License number 24-005822-1 is effective January 1, 2024 and expires December 31, 2024.*



A handwritten signature in black ink that reads "Randy Snyder".

RANDY SNYDER, PT, MBA  
Division Director Acute and Continuing Care Services