

Thank you for submitting our form!

Here are the details you sent us:

**First Name:** Daniela

**Last Name:** Thaelke

**Email:** [daniela@drghersi.com](mailto:daniela@drghersi.com)

**Primary Phone:** [305-849-5503](tel:305-849-5503)

**Mobile Phone:**

**Office Phone:**

**Office Phone Extension:**

**Company Name:** Dr.Marcelo Gherzi

**Address:** 550 Biltmore Way, Suite 120

**City:** Coral Gables

**State:** Florida

**Postcode:** 33134

**Company Website:** <https://www.psimiami.com/about/dr-ghersi>

**Industry:** Healthcare

**Classification:** For-profit

**Service(s) Interested In:** Lead Generation, 360 Marketing, Google Ads, Social Media Marketing, Social Media Ads, Quality Reviews, Online Reputation, Accessibility Services, Video Production, Business Growth Consulting, Growth Strategy, Print Marketing, Public Relations, Culture Marketing

**How did you find us:** Google Organic

**Years In Business:** 10-20

**Lead Source:** Web Site