



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Michael
FIRST NAME

Oneill
LAST NAME

5868761122
CONTACT NUMBER

770-531-2842
ALTERNATE NUMBER

COMPANY DATA BASE

karenlove310@gmail.com
EMAIL ADDRESS

Shimokaji & Assoc Pc
COMPANY NAME

shimokaji.com
WEBSITE URL

8911 Research Drive
Address

Irvine
City

CA
State

92618
ZIP Code

Legal Services
SIC DESCRIPTION

8111
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

1,011,400.00
REVENUE (USD)

Orange
COUNTRY/REGION

YES
MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



+1 (904) 117-
1782