



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Theola

FIRST NAME

Frey

LAST NAME

516-948-5768

CONTACT NUMBER

516-357-3362

ALTERNATE NUMBER

## COMPANY DATA BASE

theola\_frey@frey.com

EMAIL ADDRESS

Center For Palliative  
Care

COMPANY NAME

www.hindshospice.org

WEBSITE URL

970 Palm Ave

Address

Fresno

City

CA

State

93711

ZIP Code

## Membership Organizations

SIC DESCRIPTION

8621

SIC CODE

Independent

ENTITY TYPE

\$1,000,000 to \$4,999,999

COMPANY SALES

1,125,200

REVENUE (USD)

Fresno

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