



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Hermila

FIRST NAME

Thyberg

LAST NAME

401-893-4882

CONTACT NUMBER

401-885-7681

ALTERNATE NUMBER

## COMPANY DATA BASE

[hermila\\_thyberg@hotmail.com](mailto:hermila_thyberg@hotmail.com)

EMAIL ADDRESS

Women's Centers  
International

COMPANY NAME

<http://www.womenscentersintl.org>

WEBSITE URL

[307 Lee St Apt 6](#)

Address

[Oakland](#)

City

[California](#)

State

[94610-4364](#)

ZIP Code

[Other Social Assistance Services](#)

SIC DESCRIPTION

[8790](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[102,800](#)

REVENUE (USD)

[California](#)

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