



CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Ashlee

FIRST NAME

Kassner

LAST NAME

5098597817

CONTACT NUMBER

337-751-2326

ALTERNATE NUMBER

COMPANY DATA BASE

mynamesashlee48@gmail.com

EMAIL ADDRESS

Amn Healthcare Service
Inc

COMPANY NAME

amnhealthcare.com

WEBSITE URL

12400 High Bluff Drive # 100

Address

San Diego

City

CA

State

92130

ZIP Code

Help Supply Services

SIC DESCRIPTION

7363

SIC CODE

Subsidiary

ENTITY TYPE

Under \$500,000

COMPANY SALES

491,800.01

REVENUE (USD)

San Diego

COUNTRY/REGION

YES

MEDICAL INSURANCE



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



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1782