



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Maryann

FIRST NAME

Royster

LAST NAME

518-966-7987

CONTACT NUMBER

518-448-8982

ALTERNATE NUMBER

## COMPANY DATA BASE

mroyster@royster.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



+1 (904) 117-  
1782