

CLIENT OPENING SURVEY FORM

| Female | Corine | Ponce |
|--|----------------|-----------------------|
| MR./MRS./MISS | FIRST NAME | LAST NAME |
| 2104498486 | | 310-652-2379 |
| CONTACT NUMBER | | ALTERNATE NUMBER |
| | COMPANY DATA I | BASE |
| corineponce@gmail.com | Prata & Daley | hpdlegal.net |
| EMAIL ADDRESS | COMPANY NAME | WEBSITE URL |
| 2490 W Shaw Ave | | |
| Address | | |
| Los Angeles | CA | 90071 |
| City | State | ZIP Code |
| Legal Services | | |
| SIC DESCRIPTION | | |
| 8111 | | Independent |
| SIC CODE | | ENTITY TYPE |
| \$500,000 to \$999,999 | | 756,500.01 |
| COMPANY SALES | | REVENUE (USD) |
| Los Angeles | | YES |
| COUNTRY/REGION | | MEDICAL INSURANCE |
| | | |
| • | | <u>.</u> |
| US Hwy 1 S, Saint Augustine, FI Dr S, Saint Augustine, FL 32080 | * | +1 (904) 117- 1782 |