



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Invalid
FIRST NAME

rinard
LAST NAME

5596965121
CONTACT NUMBER

925-541-8521
ALTERNATE NUMBER

COMPANY DATA BASE

laurie.rinard@aol.com
EMAIL ADDRESS

Sentrix Health
COMPANY NAME

http://www.sentrixhealth.com
WEBSITE URL

230 Park Avenue S
Address

New York
City

New York
State

10003-1528
ZIP Code

Other Health Care Services Not Elsewhere Classified
SIC DESCRIPTION

8599
SIC CODE

Independent
ENTITY TYPE

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

485,800
REVENUE (USD)

New York
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