



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Amie

FIRST NAME

Perigo

LAST NAME

972-419-7946

CONTACT NUMBER

972-898-1033

ALTERNATE NUMBER

## COMPANY DATA BASE

[amie.perigo@yahoo.com](mailto:amie.perigo@yahoo.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



+1 (904) 117-  
1782