

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Herminia	Nicolozakes
MR./MRS./MISS	FIRST NAME	LAST NAME
602-954-5141		602-304-6433
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA BA	ASE
erminia@nicolozakes.org EMAIL ADDRESS	Rosway Enterprises LLC	http://www.rosway.net WEBSITE URL
ENIAIL ADDRESS	COMPANY NAME	WEDSITE URL
21 42Nd St		
Address		
West Des Moines	Iowa	50265-3809
City	State	ZIP Code
Other Professional, Scientific and SIC DESCRIPTION	a recimear services not E	ASCWIECE Classificu
6999		Independent
SIC CODE		ENTITY TYPE
Over \$1,000,000,000		45,000.00
COMPANY SALES		REVENUE (USD)
		NAME OF THE OWNER, THE
Lowa COUNTRY/REGION		YES MEDICAL INSURANCE
OGEN THE TAKE OF ONE		
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US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782