



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

F

FIRST NAME

Reynolds

LAST NAME

(619) 446-1043

CONTACT NUMBER

(619) 733-1299

ALTERNATE NUMBER

COMPANY DATA BASE

gen@stchristopher.demon.co.uk

EMAIL ADDRESS

Newport News
Pediatrics

COMPANY NAME

http://www.chkd.org

WEBSITE URL

11760 Rock Landing Dr

Address

Newport News

City

Virginia

State

23606-4204

ZIP Code

General Practice Medical Services

SIC DESCRIPTION

8511

SIC CODE

Subsidiary

ENTITY TYPE

Unknown

COMPANY SALES

688,700.02

REVENUE (USD)

Virginia

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