



# CLIENT OPENING SURVEY FORM

Male  
MR./MRS./MISS

dale  
FIRST NAME

keesling  
LAST NAME

7024197298  
CONTACT NUMBER

407-472-1332  
ALTERNATE NUMBER

## COMPANY DATA BASE

dalekeesling4@gmail.com  
EMAIL ADDRESS

Durham Gina Marie  
COMPANY NAME

omm.com  
WEBSITE URL

400 South Hope St # 1060  
Address

Los Angeles  
City

CA  
State

90071  
ZIP Code

### Legal Services

SIC DESCRIPTION

8111  
SIC CODE

Independent  
ENTITY TYPE

Under \$500,000  
COMPANY SALES

29,000.00  
REVENUE (USD)

Los Angeles  
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