

## CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Sabra	Uyetake
MR./MRS./MISS	FIRST NAME	LAST NAME
803-925-5213	803-681-3678	
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA BA	ASE
	Amn Healthcare Service	
sabra@uyetake.org EMAIL ADDRESS	COMPANY NAME	website url
<b>2400 High Bluff Drive # 100</b>		
Address		
San Diego	CA	92130
City	State	ZIP Code
Help Supply Services		
SIC DESCRIPTION		
7363		Subsidiary
SIC CODE		ENTITY TYPE
<b>Under \$500,000</b>	491,800.01	
COMPANY SALES	REVENUE (USD)	
San Diego		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 3208		+1 (904) 117- 1782