



CLIENT OPENING SURVEY FORM

Miss

MR./MRS./MISS

Lisa

FIRST NAME

Sullivan

LAST NAME

8587517555

CONTACT NUMBER

7606960559

ALTERNATE NUMBER

COMPANY DATA BASE

lisa.sullivan@bristol.cwrl.co.uk

EMAIL ADDRESS

Center For Palliative
Care

COMPANY NAME

www.hindshospice.org

WEBSITE URL

970 Palm Ave

Address

Fresno

City

CA

State

93711

ZIP Code

Membership Organizations

SIC DESCRIPTION

8621

SIC CODE

Independent

ENTITY TYPE

\$1,000,000 to \$4,999,999

COMPANY SALES

1,125,200

REVENUE (USD)

Fresno

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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