

## CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Denise	Patak
MR./MRS./MISS	FIRST NAME	LAST NAME
407-446-4358		407-808-3254
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
Justin Grandalli anna	Corre Partners	1.44//
denise@patak.org EMAIL ADDRESS	Management, LLC COMPANY NAME	http://www.correpartners.com WEBSITE URL
12 E 49Th St Ste 4003		
Address		
New York	New York	10017-8222
City	State	ZIP Code
<b>Management and Related Consu</b>	alting Services	
SIC DESCRIPTION		
696		Independent
SIC CODE		ENTITY TYPE
\$25,000,000 to \$74,999,999		103,200
COMPANY SALES		REVENUE (USD)
New York		YES
COUNTRY/REGION		MEDICAL INSURANCE
Q		<b>©</b>
US Hwy 1 S, Saint Augustine, Fl Dr S, Saint Augustine, FL 32080		d +1 (904) 117- 1782