

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Sabra	UystRls
MR./MRS./MISS	FIRST NAME	LAST NAME
806-924-4216	806-681-6678	
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA BA	ASE
	Amn Healthcare Service	
sabra@uyetake.org EMAIL ADDRESS	COMPANY NAME	website url
2400 High Bluff Drive # 100		
ddress		
San Diego	CA	92130
City	State	ZIP Code
Help Supply Services		
IC DESCRIPTION		
7363		Subsidiary
SIC CODE		ENTITY TYPE
Under \$500,000	491,800.01	
COMPANY SALES	REVENUE (USD)	
San Diego		YES
COUNTRY/REGION		MEDICAL INSURANCE
Q		•
US Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 3208	+1 (904) 117- 1782	