

AIM

Association of State Medical Board Executive Directors

Oklahoma Board of Medical Licensure and Supervision

Licensee Name	LESTER JOHN MINTO
License Type	MD
Status	INACTIVE
Status	Expired License
Practice Address	1295 W HWY 77
Practice City	SAN BENITO
Practice State	TX
Practice Zipcode	78586
Practice County	NOT OKLAHOMA
Month/Year of Birth	8/1949
City of Birth	PHOENIXVILLE
State of Birth	PA
Gender	Male
Ethnicity	Caucasian
License Number	13030
License Issue Date	03/17/81
License Expire Date	03/01/98
Last Medical School Name	MEXICO MEDICAL SCHOOLS
SPECIALTY	Family Medicine

The date of this file is 03/01/12

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