

Details

LICENSE DETAILS

License #: MEDR5191**Program:** Medical**Type:** Physician Resident Permit**Status:** Expired**Issue Date:** 07/01/2009**Effective Date:** 07/01/2009**Expiration Date:** 07/30/2009**Mailing Address:** ANN ARBOR, MI, UNITED STATES**Public Note:** PERMIT FOR ALASKA NATIVE MEDICAL CENTER

Owners

Owner Name	Entity Number
AUDREY ANN LANCE	

Relationships

No Relationships Found

Designations

Type	Group
Obstetrics and Gynecology	Specialties

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

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