

Department of Commerce, Community, and Economic Development
CORPORATIONS, BUSINESS &
PROFESSIONAL LICENSING

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LICENSE DETAILS

License #:

MEDS1992

Program:

Medical

Type:

Physician

Status:

Retired

Issue Date:

11/01/1983

Effective Date:

12/27/2018

Expiration Date:

Perpetual

Mailing Address:

PALMER, AK, UNITED STATES

Owners

Owner Name:	SUSAN MAE LEMAGIE
Entity Number:	

Relationships

No Relationships Found

Designations

Type:	Obstetrics and Gynecology
Group:	Specialties

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

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