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LICENSE DETAILS

License #: MEDR4378

Program: Medical

Type: Physician Resident Permit

Status: Expired

Issue Date: 08/01/2007

Effective Date: 08/01/2007

Expiration Date: 08/31/2007

Mailing Address: DENVER, CO, UNITED STATES

Public Note: RESIDENT PERMIT FOR MANIILAQ HEALTH CENTER KOTZEBUE

Owners

Owner Name	Entity Number
KELLY EDITH MCMULLEN	

Relationships

No Relationships Found

Designations

Type	Group
Family Practice	Specialties

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

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