



**State of Ohio License Information**

[Ambulatory Surgical Facility Program Page](#)

**PLANNED PARENTHOOD BEDFORD HEIGHTS REGIONAL MED CE**

State ID: **1014AS**

**Provider Demographics**

Address:	25350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146	Ownership:	N/A
County:	CUYAHOGA	Operator:	N/A
Phone Number:	(614)404-0219	Administrator:	HOLLY MYERS
Fax Number:	(330) 535-7145	Mailing Address:	444 W EXCHANGE ST AKRON, OH 44302
E-mail Address:	holly.meyers@ppoh.org		

**State of Ohio License Information**

**General License Information:**

License Status: ACTIVE  
 Licensed Date: 12/31/2017  
 License Expiration Date: 12/31/2018  
 Open Date: 12/14/2011

Licensed Capacity: 6

Services:

\* A mailing address will appear if it is different from the business address



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