State of Rhode Island Department of Health						
LEE P. SHULMAN						
License No:	MD09923	Profession:	Physician	License Type:	Allopathic Physician (MD)	
License Status: Secondary License	Expired - Must Reinstate	<sup>t</sup> Issue Date:	9/11/1998	Expiration Date:	6/30/1999	
Туре:						
Education Information						
School Name: Cornell University Medical College Graduated: 6/1/1983						
Specialty Information OBSTETRICS + GYNECOLOGY						
				Disciplinary A	ion	
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