

Details

LICENSE DETAILS

License #: MEDT2516**Program:** Medical**Type:** Physician Temporary Permit**Status:** Expired**Issue Date:** 02/26/2003**Effective Date:** 02/26/2003**Expiration Date:** 08/26/2003**Mailing Address:** BLOOMINGTON, MN, UNITED STATES**Public Note:** VALID FOR NOT LONGER THAN 6 MONTHS FROM 2/26/03

Owners

Owner Name	Entity Number
KATHRYN LOUISE EGGLESTON	

Relationships

No Relationships Found

Designations

No Designations Found

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

[Close Details](#)[Print Friendly Version](#)