

Details

LICENSE DETAILS

License #: MEDS5094

Program: Medical

Type: Physician

Status: Inactive

Issue Date: 04/11/2003

Effective Date: 11/28/2008

Expiration Date: 12/31/2010

Mailing Address: MINNEAPOLIS, MN, UNITED STATES

Public Note: INACTIVE STATUS

Owners

Owner Name	Entity Number
KATHRYN LOUISE EGGLESTON	

Relationships

No Relationships Found

Designations

Type	Group
Family Practice	Specialties

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

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