## **ANTONIO FERNANDEZ**

## License Number: ME23116

Profession Medical Doctor
License Status Null And Void/
Year Began Practicing Not Provided
License Expiration 12/31/1979

Date

# **General Information**

Currently the practitioner does not have a profile available.

## **Primary Practice Address**

ANTONIO FERNANDEZ 3017 SHAMROCK ST S TALLAHASSEE, FL 32308-3322

## **Email Address**

Not Provided