### JOHN K LAMBRIX

## License Number: OS17709

Profession Osteopathic Physician

License Status CLEAR/Active
Year Began Practicing Not Provided
License Expiration 03/31/2026

Date

# **General Information**

This profile is not publishable pending confirmation by the practitioner.

## **Primary Practice Address**

JOHN K LAMBRIX 2332 RIVERSIDE AVE JACKSONVILLE, FL 32204

#### **Email Address**

Please contact at: LAMBRIX1@GMAIL.COM