附件：

**2024年诊所备案变更名单**

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| --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **负责人** | **申请备案事项** | **备案结果** |
| 1 | 搏越中医诊所 | 曹丽敏 | 诊所注销 | 同意注销 |
|  |  |  |  |  |
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