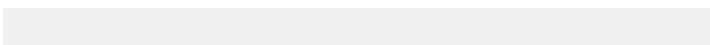


**PROFISSIONAL FARMACÊUTICO**



# **FARMÁCIA SAUE**

<b>DIAS DE TRABALHO /CARGA HORARIA</b>	<b>DESCRICAÇÃO</b>

VINCULO	MATRICULA