



Appointment of Director

Company Name: **THE HOSPITAL OF ST JOHN AND ST ELIZABETH**

Company Number: **02808390**



Received for filing in Electronic Format on the: **22/04/2020**

X93I531K

New Appointment Details

Date of Appointment: **10/02/2020**

Name: **PROFESSOR HIS HONOUR WILLIAM PATRICK MORRIS**

The company confirms that the person named has consented to act as a director.

Service Address: **60 GROVE END ROAD
LONDON
ENGLAND
NW8 9NH**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/03/1947**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor