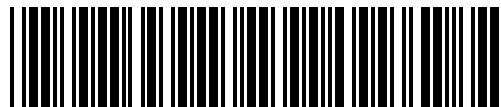




## Appointment of Director

Company Name: **ALLIANCE HEALTHCARE (DISTRIBUTION) LIMITED**

Company Number: **03446039**



Received for filing in Electronic Format on the: **03/02/2022**

XAX18ROZ

### New Appointment Details

Date of Appointment: **01/02/2022**

Name: **MARIE EVANS**

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

Service Address: **43 COX LANE  
CHESSINGTON  
ENGLAND  
KT9 1SN**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/05/1974**

Nationality: **BRITISH**

Occupation: **MANAGING 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**