



## Appointment of Director

Company Name: **THE ACADEMY OF MEDICAL EDUCATORS**

Company Number: **05965178**



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### New Appointment Details

Date of Appointment: **20/04/2021**

Name: **DR KATHERINE HELEN ANNE STEVENSON**

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

Service Address: **43 BARING STREET  
PLYMOUTH  
ENGLAND  
PL4 8NG**

Former Names: **KATY**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/01/1993**

Nationality: **BRITISH**

Occupation: **DOCTOR/LECTURER**

## **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**