



Appointment of Director

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

Company Number: **05965178**



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New Appointment Details

Date of Appointment: **27/04/2023**

Name: **DR JAMES ROBERT FISHER**

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

Service Address: **272 GRANGE ROAD
GUILDFORD
ENGLAND
GU2 9QZ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/05/1993**

Nationality: **BRITISH**

Occupation: **OCCUPATIONAL HEALTH PHYSICIAN AND 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