



Appointment of Director

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

Company Number: **05965178**



Received for filing in Electronic Format on the: **12/10/2021**

XAEXTVJ5

New Appointment Details

Date of Appointment: **12/10/2021**

Name: **DR RUSSELL JAMES PEEK**

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

Service Address: **PAEDIATRICS AND CHILD HEALTH GREAT WESTERN
ROAD
GLOUCESTER
ENGLAND
GL1 3NN**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/05/1973**

Nationality: **BRITISH**

Occupation: **CONSULTANT PAEDIATRICIAN**

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