



Change of Particulars for Director

Company Name: **AUSTEN ALLEN HEALTHCARE LIMITED**

Company Number: **06547709**



Received for filing in Electronic Format on the: **15/01/2019**

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Details Prior to Change

Original name: **MRS NINA ALLEN**

Date of Birth: ****/06/1976**

New Details

Date of Change: **15/01/2019**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**

Resident

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