



Appointment of Director

Company Name: **PROBUS SURGERY LIMITED**

Company Number: **07450536**



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X8WQC5VL

New Appointment Details

Date of Appointment: **19/12/2019**

Name: **DR KAYLEIGH SMITHSON**

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

Service Address: **THE SURGERY TREGONY ROAD PROBUS
TRURO
CORNWALL
UNITED KINGDOM
TR2 4JZ**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/11/1988**

Nationality: **BRITISH**

Occupation: **DOCTOR**

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