



## Appointment of Director

Company Name: **MEDE-CARE HEALTHCARE SOLUTIONS LTD**

Company Number: **07931268**



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### New Appointment Details

Date of Appointment: **01/06/2021**

Name: **LISA BAKER**

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

Service Address: **2035 LAKESIDE CENTRE WAY  
SUITE 190  
KNOXVILLE  
TN  
UNITED STATES  
37922**

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

Date of Birth: **\*\*/09/1966**

Nationality: **AMERICAN**

Occupation: **CFO**

## **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**