



Change of Particulars for Director

Company Name: **MAPPING HEALTH LIMITED**

Company Number: **09381632**



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Details Prior to Change

Original name: **MISS IOANA URSU**

Date of Birth: ****/08/1983**

New Details

Date of Change: **01/04/2023**

Country/State Usually
Resident **FRANCE**

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