



## Appointment of Director

Company Name: **DS Medical Services Limited**

Company Number: **10899702**



Received for filing in Electronic Format on the: **28/06/2023**

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### New Appointment Details

Date of Appointment: **01/08/2018**

Name: **DR JONATHAN JAMES POWER**

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

Service Address: **2A KINGS ROAD BRAMHOPE  
LEEDS  
WEST YORKSHIRE  
ENGLAND  
LS16 9JW**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/03/1977**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

## **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**