



## Change of Particulars for Director

Company Name: **PAIN MEDICAL LIMITED**

Company Number: **11901341**



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XCDWPF0W

### Details Prior to Change

Original name: **MS KATE DECHAN**

Date of Birth: **\*\*/12/1977**

### New Details

Date of Change: **11/10/2023**

New Service Address: **1 - 3 COLLEGE YARD WORCESTER  
UNITED KINGDOM WR1 2LA**

The usual residential address of this person has not changed

## **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