



## Change of Particulars for Director

Company Name: **IPERSONAL PHYSIOTHERAPY LTD**

Company Number: **11918397**



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### Details Prior to Change

Original name: **MR RUBEN FILIPE DA SILVA FERREIRA**

Date of Birth: **\*\*/03/1992**

### New Details

Date of Change: **30/03/2023**

New Service Address: **16 LISMORE ROAD EASTBOURNE EAST SUSSEX  
ENGLAND BN21 3AT**

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