



Termination of a Director Appointment

Company Name: **NATIONAL ASSOCIATION OF PRIMARY CARE LIMITED**

Company Number: **11973226**



Received for filing in Electronic Format on the: **11/10/2021**

XAEV81DE

Termination Details

Date of termination: **22/09/2021**

Name: **MRS KAREN ROBINS**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Liquidator, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.