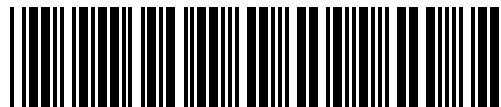




## Appointment of Director

Company Name: **EXTRAMED LIMITED**

Company Number: **13032107**



Received for filing in Electronic Format on the: **16/04/2021**

XA2KKYKW

### New Appointment Details

Date of Appointment: **14/04/2021**

Name: **COLIN BRUCE MACKINNON**

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

Service Address: **2 HAWLEY CLOSE  
ST IVES  
NEW SOUTH WALES  
AUSTRALIA**

Country/State Usually Resident: **AUSTRALIA**

Date of Birth: **\*\*/08/1958**

Nationality: **NEW ZEALANDER**

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**