



**Appointment of corporate member of  
a Limited Liability Partnership (LLP)**

LLP name in full: **GROUP ANAESTHETIC SERVICES LLP**

LLP Number: **OC361133**



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**New Appointment Details**

Date of Appointment: **06/04/2014**

Name: **DAVID M DICKSON LIMITED**

Consented to Act: **YES**

**Appointment is for a Member**

Registered or Principal Office Address: **THE CROFT 101 WIMBORNE ROAD  
COLEHILL  
WIMBORNE  
DORSET  
ENGLAND  
BH21 2QR**

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**European Economic Area (EEA) Company**

Register Location: **UNITED KINGDOM**

Registration Number: **07209526**

I consent to act as member of the above named LLP.

### **Authorisation**

Authenticated

This form was authorised by one of the following:

Designated member, Judicial Factor.