



**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: **06/04/2015**

Name: **BELMONT ANAESTHESIA LIMITED**

Consented to Act: **YES**

Registered or Principal  
Office Address: **31/33 COMMERCIAL ROAD  
POOLE  
DORSET  
ENGLAND  
BH14 0HU**

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**European Economic Area (EEA) Company**

Register Location: **ENGLAND**

Registration Number: **09389271**

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.