



**Appointment of Director**

Company Name: **I-SMILE CLINIC LTD**

Company Number: **SC435765**



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## **New Appointment Details**

Date of Appointment: **11/03/2019**

Name: **MR ALEXANDROS LAPORDAS**

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

Service Address: **91B CAUSEWAYEND  
ABERDEEN  
SCOTLAND  
AB25 3TQ**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **\*\*/04/1972**

Nationality: **GREEK**

Occupation: **DENTAL PRACTICE MANAGER**

## 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