



**Appointment of Member of a  
Limited Liability Partnership (LLP)**

LLP name in full: **WOODSIDE MEDICAL PRACTICE LLP**

LLP Number: **SO304909**



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## **New Appointment Details**

Date of Appointment: **08/02/2022**

Name: **DR ADAEZE IFEZULIKE**

The Limited Liability Partnership (LLP) confirms that the person named has consented to act as a non-designated member.

Service Address recorded as LLP's registered office

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **\*\*/06/1973**

## **Authorisation**

**Authenticated**

**This form was authorised by one of the following:**

**Designated member, Judicial Factor.**