



## Appointment of Director

Company Name: **LEICESTERSHIRE MULTIPLE SCLEROSIS THERAPY CENTRE LIMITED**

Company Number: **02374648**



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### **New Appointment Details**

Date of Appointment: **03/07/2019**

Name: **MS LESLEY BUTCHER**

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

Service Address: **31 FREEMENS COMMON ROAD  
LEICESTER  
ENGLAND  
LE2 7SQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/04/1952**

Nationality: **BRITISH**

Occupation: **RETIRED HEAD TEACHER**

## **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**