



## Appointment of Director

Company Name: **MEDICAL SERVICES (NORTH-EAST) LIMITED**

Company Number: **04434396**



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**X816WBTK**

### **New Appointment Details**

Date of Appointment: **08/02/2019**

Name: **MR DANIEL GINNETTI**

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

Service address recorded as Company's registered office

Country/State Usually Resident: **UNITED STATES**

Date of Birth: **\*\*/06/1968**

Nationality: **AMERICAN**

Occupation: **CHIEF FINANCIAL OFFICER**

## **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**