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Termination of Appointment of a Director or Secretary

Company Name: OMONDI HEALTHCARE LIMITED

Company Number: **04920144**

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Resignation Details

Position: **DIRECTOR** Date of Resignation: **07/10/2003**

Name: FORM 10 DIRECTORS FD LTD

Authorisation

Authoriser Designation: DIRECTOR Date Authorised: 07/10/2003 Authenticated: Yes (E/W)