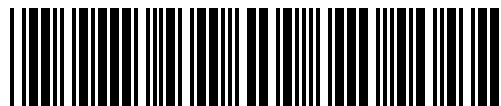




## Appointment of Director

Company Name: **Leicestershire Multiple Sclerosis Therapy Centre Limited**

Company Number: **02374648**



Received for filing in Electronic Format on the: **07/09/2023**

XCBKY7U2

### New Appointment Details

Date of Appointment: **28/06/2022**

Name: **ROGER GABRIEL**

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

Service Address: **31 FREEMENS COMMON ROAD  
LEICESTER  
UNITED KINGDOM  
LE27SQ**

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

Date of Birth: **\*\*/06/1961**

Nationality: **BRITISH**

Occupation: **TRUSTEE**

## **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**