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Termination of Appointment of a Director or Secretary

Company Name: INSURANCE MEDICAL REPORTING LIMITED

Company Number: **05649896**

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Resignation Details

Position: **DIRECTOR** Date of Resignation: **09/12/2005**

Name: YORK PLACE COMPANY NOMINEES LIMITED

Authorisation

Authoriser Designation: DIRECTOR Date Authorised: 15/12/2005 Authenticated: Yes (E/W)