



Change of Particulars for Director

Company Name: **TROPICAL HEALTH AND EDUCATION TRUST**

Company Number: **05708871**



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Details Prior to Change

Original name: **PROFESSOR GERARD JOHN BYRNE**

Date of Birth: ****/03/1965**

New Details

Date of Change: **01/10/2021**

Country/State Usually
Resident **UNITED KINGDOM**

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