

## **AP01** (ef)

## **Appointment of Director**



Company Name: **DENTAL DESIGN STUDIO LIMITED** 

Company Number: 05765427

Received for filing in Electronic Format on the: 15/01/2015

New <u>Appointment</u> Details

Date of Appointment: 01/05/2013

Name: MRS SHONA MICHEL

Consented to Act: YES

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND** 

Date of Birth: 20/06/1971 Nationality: **BRITISH** 

Occupation: LAB MANAGER

## 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.