



## Appointment of Director

Company Name: **ILEX HEALTH PRODUCTS LTD**

Company Number: **06348778**



Received for filing in Electronic Format on the: **01/03/2022**

XAYW2P37

### New Appointment Details

Date of Appointment: **28/02/2022**

Name: **MRS KATHRYN NOLAN**

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

Service Address: **UNIT 2 BROOKFIELD DUNCAN CLOSE  
MOULTON PARK  
NORTHAMPTON  
NORTHAMPTONSHIRE  
ENGLAND  
NN3 6WL**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/07/1966**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

## **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**