



Appointment of Director

Company Name: **AQUILANT SPECIALIST HEALTHCARE SERVICES LIMITED**

Company Number: **08484746**



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New Appointment Details

Date of Appointment: **01/10/2018**

Name: **MS GRAINNE MCALEESE**

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

Service Address: **20 RIVERWALK
CITYWEST BUSINESS CAMPUS
DUBLIN 24
DUBLIN
IRELAND**

Country/State Usually Resident: **IRELAND**

Date of Birth: ****/04/1979**

Nationality: **IRISH**

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