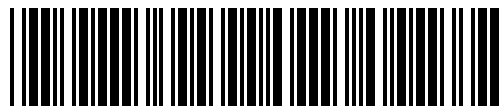




Appointment of Director

Company Name: **NORTH END CLINIC LIMITED**

Company Number: **10816126**



Received for filing in Electronic Format on the: **29/02/2024**

XCXXDC2P

New Appointment Details

Date of Appointment: **08/11/2021**

Name: **MR WARREN FOSTER**

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

Service Address: **5 HESTON WAY
WEST MOORS
FERNDOWN
ENGLAND
BH22 0LH**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/01/1979**

Nationality: **BRITISH**

Occupation: **RADIOGRAPHER**

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