



Companies House
— for the record —

CH01 (ef)

Change of Director's Details



X6HGTf9H

Company Name: **CAPE ROAD DENTAL PRACTICE LIMITED**

Company Number: **06421449**

Received for filing in Electronic Format on the: **25/11/2009**

Details Prior to Change

Position: **DIRECTOR**

Date of Birth: **25/07/1974**

Original Name: **SAMANTHA WILD**

New Details

Date of Change: **08/11/2009**

Country/State Usually Resident: **ENGLAND**

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.