



**Appointment of Director**

Company Name: **HCA HEALTHCARE UK LIMITED**

Company Number: **06974044**



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## **New Appointment Details**

Date of Appointment: **06/02/2019**

Name: **MR JOHN MICHAEL REAY**

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

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/03/1961**

Nationality: **BRITISH**

Occupation: **COMPANY 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