



**Appointment of Director**



X4DPFORM

*Company Name:* **HOLLYBLUE HEALTHCARE (SPRING) LIMITED**

*Company Number:* **09729915**

*Received for filing in Electronic Format on the:* **13/08/2015**

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*New Appointment Details*

*Date of Appointment:* **13/08/2015**

*Name:* **MATTHEW CARDWELL GLOWASKY**

*Consented to Act:* **YES**

*Service Address:* **52 CONDUIT STREET  
6TH FLOOR  
LONDON  
ENGLAND  
W1S 2YX**

*Country/State Usually Resident:* **ENGLAND**

*Date of Birth:* **18/02/1981**

*Nationality:* **AMERICAN**

*Occupation:* **INVESTMENT PROFESSIONAL**

*Former Names:*

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## *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.