

Change to company details

Company details

Company name

**AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PARAMEDICINE LIMITED**

Australian Company Number (ACN)

065 215 634

Lodgement details

Who should ASIC contact if there is a query about this form?

Name

ANDERSON ACCOUNTING

ASIC registered agent number (if applicable)

7323

Signature

This form must be signed by a current officeholder of the company.

I certify that the information in this form is true and complete

Name

MICHAEL ANTHONY SMITH

Capacity

DIR

Signature

Date signed

26-10-2013

CORPORATIONS ACT 2001
Section 1274
I hereby certify this copy of 3 page/s
sets out
the whole of a document/certificate
is part of a document/certificate
lodged with the Australian Securities & Investments Commission
A delegate of the Australian Securities & Investments Commission

B1 Cease company officeholder

Officer

This section shows the cessation of a company officeholder

Officeholder cessation Details

Role(s)

Director - Cessation Date: 26-10-2013

The name of the ceased officeholder is:

Given names **SCOTT**

Family name **DEVENISH**

Birth Details

Date of Birth **25-06-1974**

City/town of Birth **CANBERRA**

State (if born in Australia) **ACT**

Country of Birth **Australia**

B2 Appoint company officeholder

Officer

This section shows the appointment of a company officeholder

Officeholder Appointment Details

Role(s)

Director - Appointment Date: 26-10-2013

The name of the appointed officeholder is:

Given names **CLARE**

Family name **BEECH**

Birth Details

Date of Birth **08-07-1983**

City/town of Birth **FOSTER**

State (if born in Australia) **Vic**

Country of Birth **Australia**

Residential Address

Address

**13/87 THE BOULEVARDE DULWICH
HILL NSW
2203
Australia**



AUSTRALIAN
SECURITIES &
INVESTMENTS
COMMISSION
CORPORATIONS ACT 2001
Section 1274

Officer

This section shows the appointment of a company officeholder

Officeholder Appointment Details

Role(s)

Director - Appointment Date: 26-10-2013

The name of the appointed officeholder is:

Given names **MARTIN**

Family name **NICHOLS**

Birth Details

Date of Birth **09-09-1980**

City/town of Birth **EASTWOOD**

State (if born in Australia) **NSW**

Country of Birth **Australia**

Residential Address