

Notification of a change to corporation officers' details

Name of corporation	Durri Aboriginal Corporation Medical Service
Indigenous Corporation Number (ICN)	27

New contact person's/secretary's details (if applicable)

Former contact person's/secretary's details	Title	Ms							
	First name	Tracey		Middle name					
uetails	Last name	Parker							
		Date this person stopped being the contact person/secretary 19 December							
New contact person's/ secretary's details	,	Contact person for a small or medium corporation Secretary of a large corporation X							
contact person/	Title]						
secretary 1	First name	Judith		Middle name	Leanne				
	Last name	Clacy							
Previous nam	ne(s) <i>(if any)</i>								
Resider	ntial address	67 Belmore Street							
		SMITHTOWN NSW			Postc	2440			
Date this change	e took effect	13 February 201	3						

Changes to current contact person's/secretary's details (if applicable)

Ceased directors details (if applicable)

New directors' details (if applicable)

Changes to current directors' details (if applicable)

Declaration

I declare the information provided on this form is correct.

Full name

Date

Nicole Turner