



**Statement of satisfaction  
in full or in part of charge**

Company name: **CHELTENHAM FAMILY HEALTH CARE CENTRE LIMITED**

Company number: **03365950**



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**Details of Satisfaction**

Charge created (or property acquired) before 6th April 2013.

CH ref. **1**

Date of creation: **07/11/1997**

Description of instrument: **DEED OF LEGAL CHARGE**

Short Particulars: **F/H PROPERTY COMPRISING PART OF ST PAULS HOSPITAL SWINDON ROAD CHELTENHAM GLOUCESTERSHIRE AND ALL FIXTURES AND TRADE FIXTURES FITTINGS AND EQUIPMENT BY WAY OF FLOATING CHARGE ALL THE COMPANY'S UNDERTAKING AND ALL PROPERTY AND ASSETS**

Satisfaction of charge: **In full**

Details of the person delivering this statement and their interest in the charge

Name: **FRANCESCA KINSELLA**

Address: **1 SCOTT PLACE HARDMAN STREET MANCHESTER ENGLAND M3 3AA**

Interest: **SOLICITOR FOR A CHARGOR**

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**Authentication of Form**

This form was authorised by: **a person with an interest in the registration of the charge.**