



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

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

Company number: **03365950**



Received for Electronic Filing: **04/03/2021**

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**Details of Satisfaction**

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

CH ref. **3**

Date of creation: **17/04/2003**

Description of instrument: **DEED OF ASSIGNMENT**

Short Particulars: **ALL THE RIGHTS, TITLES, BENEFITS AND INTEREST, WHETHER PRESENT OR FUTURE, OF THE COMPANY TO ALL MONEYS FROM TIME TO TIME DUE, OWING OR INCURRED TO THE COMPANY UNDER THE LEASES IN RESPECT OF ST PAUL'S MEDICAL CENTRE, 121 SWINDON ROAD, CHELTENHAM, GLOUCESTERSHIRE SEE THE MORTGAGE CHARGE DOCUMENT FOR FULL DETAILS**

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.**