



**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**

X9ZKW9EQ

Details of Satisfaction

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

CH ref. **2**

Date of creation: **09/04/1998**

Description of instrument: **CHARGE BY WAY OF LEGAL MORTGAGE**

Short Particulars: **APPROXIMATELY 2.5 ACRES FORMERLY PART OF ST PAUL'S HOSPITAL
SWINDON ROAD CHELTENHAM GLOUCESTERSHIRE NOW K/A
THE CHELTENHAM FAMILY HEALTHCARE CENTRE CHELTENHAM
GLOUCESTER**

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**

Authentication of Form

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