

## **Confirmation Statement**

Company Name: HEALTHCARE PHARMA LIMITED

Company Number: 03870326

Received for filing in Electronic Format on the: 03/11/2023

ACTIII/OI

Company Name: **HEALTHCARE PHARMA LIMITED** 

Company Number: 03870326

Confirmation **02/11/2023** 

Statement date:

## **Confirmation Statement**

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement				

03870326

**Electronically filed document for Company Number:** 

## **Authorisation**

Authenticated This form was authorised by one of the Director, Secretary, Person Authorised, Judicial Factor	Receiver and Manager, C	CIC Manager,

03870326

**End of Electronically filed document for Company Number:**