Companies House

CS01 (ef)

Confirmation Statement

Company Name: **COMMUNITY HEALTH PARTNERSHIPS LIMITED**
Company Number: **04220587**

Received for filing in Electronic Format on the: **21/06/2018**

X78KJG7S

Company Name: **COMMUNITY HEALTH PARTNERSHIPS LIMITED**

Company Number: **04220587**

Confirmation Statement date: **18/05/2018**

Statement of Capital (Share Capital)

Class of Shares:	**ORDINARY**	Number allotted	**65697000**
Currency:	**GBP**	Aggregate nominal value:	**65697000**

Prescribed particulars

NONE

Statement of Capital (Totals)

Currency:	**GBP**	Total number of shares:	**65697000**
		Total aggregate nominal value:	**65697000**
		Total aggregate amount unpaid:	**0**

Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

Shareholder information for a non-traded company as at the confirmation statement date is shown below

Shareholding 1:	**32500000 ORDINARY shares held as at the date of this confirmation statement**
Name:	**SECRETARY OF STATE FOR HEALTH**
Shareholding 2:	**5000000 ORDINARY shares held as at the date of this confirmation statement**
Name:	**THE SECRETARY OF STATE FOR HEALTH**
Shareholding 3:	**6000000 ORDINARY shares held as at the date of this confirmation statement**
Name:	**THE SECRETARY OF STATE FOR HEALTH**
Shareholding 4:	**6000000 ORDINARY shares held as at the date of this confirmation statement**
Name:	**SECRETARY OF STATE FOR HEALTH**
Shareholding 5:	**7000000 ORDINARY shares held as at the date of this confirmation statement**
Name:	**THE SECRETARY OF STATE FOR HEALTH**
Shareholding 6:	**3000000 ORDINARY shares held as at the date of this confirmation statement**
Name:	**SECRETARY OF STATE FOR HEALTH**
Shareholding 7:	**3370000 ORDINARY shares held as at the date of this confirmation statement**
Name:	**SECRETARY OF STATE FOR HEALTH**
Shareholding 8:	**2827000 ORDINARY shares held as at the date of this confirmation statement**
Name:	**SECRETARY OF STATE FOR HEALTH**

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

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor