



Companies House

CS01 (ef)

Confirmation Statement

Company Name: **ADVANTAGE HEALTHCARE PAYROLL LIMITED**

Company Number: **04241715**



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Company Name: **ADVANTAGE HEALTHCARE PAYROLL LIMITED**

Company Number: **04241715**

Confirmation **03/02/2021**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	100
	SHARES	Aggregate nominal value:	100
	OF £1		

Currency: **GBP**

Prescribed particulars

A) THE RIGHTS AND RESTRICTIONS ATTACHED TO THE ORIDNARY SHARE CLASS OF THE COMPANY ARE SET OUT IN THE COMPANY'S ARTICLES OF ASSOCIATION. B) THE RIGHTS AND RESTRICTIONS ATTACHED TO THE ORIDNARY SHARE CLASS OF THE COMPANY ARE SET OUT IN THE COMPANY'S ARTICLES OF ASSOCIATION. C) THE RIGHTS AND RESTRICTIONS ATTACHED TO THE ORIDNARY SHARE CLASS OF THE COMPANY ARE SET OUT IN THE COMPANY'S ARTICLES OF ASSOCIATION. D) THE RIGHTS AND RESTRICTIONS ATTACHED TO THE ORIDNARY SHARE CLASS OF THE COMPANY ARE SET OUT IN THE COMPANY'S ARTICLES OF ASSOCIATION.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	100
		Total aggregate nominal value:	100
		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:	100 ORDINARY SHARES OF £1 shares held as at the date of this confirmation statement
Name:	OLDCO HEALTHCARE LIMITED

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