

AM01

Notice of administrator's appointment



Companies House



1 Company details

Company number 0 5 1 6 5 3 0 1

Company name in full Four Seasons Health Care Limited

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Court details

Court name High Court of Justice Business & Property Courts of
Eng & Wales Insolvency & Companies List (ChD)

Court number C R - 2 0 2 0 - 0 0 3 2 3 6

3 Administrator's name

Full forename(s) Richard

Surname Fleming

4 Administrator's address

Building name/number Suite 3 Regency House

Street 91 Western Road

Post town Brighton

County/Region

Postcode B N 1 2 N W

Country

5 Administrator's email address or telephone number ^①

Email address Insolvency-UK@alvarezandmarsal.com

Telephone number +44 (0) 20 7715 5200

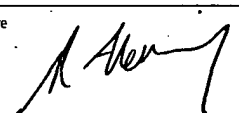
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

6 Insolvency practitioner number

Insolvency practitioner number 8 3 7 0

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Notice of administrator's appointment

7	Administrator's name ^①	
Full forename(s)	Mark	
Surname	Firmin	
		① Other administrator Use this section to tell us about another administrator.
8	Administrator's address ^②	
Building name/number	Suite 3 Regency House	
Street	91 Western Road	
Post town	Brighton	
County/Region		
Postcode	B N 1 2 N W	
Country		
		② Other administrator Use this section to tell us about another administrator.
9	Administrator's email address or telephone number ^③	
Email address	Insolvency-UK@alvarezandmarsal.com	
Telephone number	+44 (0) 20 7715 5200	
		③ You must give an email address or telephone number. All information on this form will appear on the public record.
10	Insolvency practitioner number	
Insolvency practitioner number	9 2 8 4	
11	Statement of appointment	
	I confirm the appointment of the administrator(s) on	
Date	d 1 2 m 0 8 y 2 0 2 0	
12	Name of person, body or court appointing administrator	
Person, body or court name	Directors of the Company	
13	Sign and date	
Administrator's signature	Signature X  X	
Signature date	d 1 3 m 0 8 y 2 0 2 0	

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Presenter information

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name **David Brown**

Company name **Alvarez & Marsal Europe LLP**

Address **Suite 3 Regency House**
91 Western Road

Post town **Brighton**

County/Region

Postcode **B N 1 2 N W**

Country

DX

Telephone **+44 (0) 20 7715 5200**



Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- ☐ The company name and number match the information held on the public Register.
- ☐ You have signed and dated the form.



Important information

All information on this form will appear on the public record.



Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:

The Registrar of Companies, Companies House,
Crown Way, Cardiff, Wales, CF14 3UZ.
DX 33050 Cardiff.



Further information

For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse

AM01 - continuation page

Notice of administrator's appointment

1 Company details

Company number 0 5 1 6 5 3 0 1

Company name in full Four Seasons Health Care Limited

2 Administrator's name

Full forename(s) Jonny

Surname Marston

3 Administrator's address

Building name/number Suite 3 Regency House

Street 91 Western Road

Post town Brighton

County/Region

Postcode B N 1 2 N W

Country

4 Administrator's email address or telephone number ^①

Email address

Telephone number +44 (0) 20 7715 5200

^① You must give an email address or telephone number. All information on this form will appear on the public record.

5 Insolvency practitioner number

Insolvency practitioner number 1 4 3 9 2