



Confirmation Statement

Company Name: **OSA FIRST CARE LIMITED**

Company Number: **08998273**



Received for filing in Electronic Format on the: **09/04/2022**

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Company Name: **OSA FIRST CARE LIMITED**

Company Number: **08998273**

Confirmation Statement date: **03/03/2022**

Statement date:

Sic Codes: **78200**

85600

86102

87200

Principal activity description: **Temporary employment agency activities**

Educational support services

Medical nursing home activities

Residential care activities for learning difficulties, mental health and substance abuse

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