Companies House

CS01 (ef)

Confirmation Statement

Company Name: **ALACRIS HEALTH CARE LTD**
Company Number: **10018494**

Received for filing in Electronic Format on the: **01/02/2023**

XBWFLETM

Company Name: **ALACRIS HEALTH CARE LTD**

Company Number: **10018494**

Confirmation Statement date: **01/02/2023**

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