



Confirmation Statement

Company Name: **M18 MEDICAL LTD**

Company Number: **14370725**



XCCMOPD5

Received for filing in Electronic Format on the: **22/09/2023**

Company Name: **M18 MEDICAL LTD**

Company Number: **14370725**

Confirmation Statement date: **21/09/2023**

Sic Codes: **78200**

86102

86900

88990

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

Medical nursing home activities

Other human health activities

Other social work activities without accommodation n.e.c.

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