



## **Confirmation Statement**

Company Name: SPECIALITY CARE LIMITED Company Number: 02787609

Received for filing in Electronic Format on the: **27/02/2023** 



XBY7RZIP

Company Name: SPECIALITY CARE LIMITED

Company Number: 02787609

Confirmation **23/02/2023** 

Statement date:

## **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