

# G

CHFP080

FORM No. 600

## Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

# 600

Please do not  
Write in this marginPlease complete  
legibly  
preferably  
in black type or  
bold block  
lettering\*Insert full name  
of company

Pursuant to section 109 of the Insolvency Act 1986

To the Registrar of Companies  
(Address Overleaf)

For official use

Company number

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07148328

Name of Company

\* London Advanced Medical Centre Ltd

Nature of Business

Medical Centre

I/We give notice that I/We have been appointed liquidator(s) of the above company on  
15 February, 2011

The appointment was by Members

Type of liquidation Creditors

Name of Liquidator	Harold J Sorsky
Office holder number	
Address	Gable House 239 Regents Park Road London N3 3LF
Signature	<i>H Sorsky</i>
Date	15/2/2011

Name of Liquidator	S Davis MIPA MABRP
Office holder number	9585
Address	Gable House 239 Regents Park Road London
Signature	<i>S Davis</i>
Date	15/2/2011

Presenter's name and address and  
reference (If any)L972  
Harold J Sorsky  
SPW Poppleton & Appleby  
Gable House  
239 Regents Park Road  
London  
N3 3LF

Time Critical Reference

For Official Use  
General Section

Post room

FRIDAY



A41

18/02/2011  
COMPANIES HOUSE

220