Companies House

CS01 (ef)

Confirmation Statement

Company Name: **RAPHAEL MEDICAL CENTRE LIMITED(THE)**
Company Number: **00568116**

Received for filing in Electronic Format on the:**07/06/2017**

X68328T5

Company Name: **RAPHAEL MEDICAL CENTRE LIMITED(THE)**

Company Number: **00568116**

Confirmation Statement date: **07/06/2017**

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became registrable: **06/04/2016**

Name: **MRS ELIZABETH ANNE FLORSCHUTZ**

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/10/1944**

Nationality: **BRITISH**

Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

The person has the right, directly or indirectly, to appoint or remove a majority of the board of directors of the company.

The person holds, directly or indirectly, more than 25% but not more than 50% of the voting rights in the company.

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