



Confirmation Statement

Company Name: **4 Seasons Medical Centre Ltd**

Company Number: **03679849**



Received for filing in Electronic Format on the: **02/03/2017**

X61DK58G

Company Name: **4 Seasons Medical Centre Ltd**

Company Number: **03679849**

Confirmation **07/12/2016**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	60
Currency:	GBP	Aggregate nominal value:	60

Prescribed particulars

**SHARES RANK EQUALLY FOR VOTING PURPOSES SHARES RANK EQUALLY FOR ANY
DIVIDEND DECLARED AND ANY DISTRIBUTION MADE ON A WINDING UP THE SHARES
ARE NOT REDEEMABLE**

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	60
		Total aggregate nominal value:	60
		Total aggregate amount unpaid:	0

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became **07/12/2016**
registrable:

Name: **DR ANITA DEVI MALKHANDI**

Service Address: **50 FRESHWATER CLOSE
GREAT SANKEY
WARRINGTON
CHESHIRE
ENGLAND
WA5 3PU**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/09/1964**

Nationality: **BRITISH**

Nature of control

The person holds, directly or indirectly, 75% or more of the shares 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