In accordance with Rule 3.27 of the Insolvency (England & Wales) Rules 2016 & paragraph 46(4) of Schedule B1 to the Insolvency Act 1986.

AM01 Notice of administrator's appointment





	COMPA	INIES HOUSE
1	Company details	
Company number	0 3 8 6 3 8 5 0	→ Filling in this form Please complete in typescript or in
Company name in full	Four Seasons Health Care Group Limited	bold black capitals.
2	Court details	
Court name	High Court of Justice Business & Property Courts of Eng & Wales	
•	Insolvency Companies List (ChD)	
Court number	C R - 2 0 2 0 - 0 0 3 2 3 4	
3	Administrator's name	
Full forename(s)	Richard	
Surname	Fleming	· .
4	Administrator's address	
Building name/number	Suite 3 Regency House	
Street	91 Western Road	·
Post town	Brighton	
County/Region		
Postcode . '	B N 1 2 N W	
Country		
5	Administrator's email address or telephone number •	·.
Email address	Insolvency-UK@alvarezandmarsal.com	● You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	+44 (0) 20 7715 5200	
6	Insolvency practitioner number	<u> </u>
Insolvency practitioner number		
•		

AM01 Notice of administrator's appointment

7	Administrator's name •	
Full forename(s)	Mark	Other administrator Use this section to tell us about
Surname	Firmin	another administrator.
8	Administrator's address o	
Building name/number	Suite 3 Regency House	Other administrator
Street	91 Western Road	 Use this section to tell us about another administrator.
•		_
Post town	Brighton	-
County/Region		-
Postcode	B N 1 2 N W	
Country		_
9 .	Administrator's email address or telephone number ®	
Email address	Insolvency-UK@alvarezandmarsal.com	You must give an email address or
Telephone number	+44 (0) 20 7715 5200	 telephone number. All information on this form will appear on the public record.
10	Insolvency practitioner number	
Insolvency practitioner number	9 2 8 4	
11 ,	Statement of appointment	
	I confirm the appointment of the administrator(s) on	
Date	d 0 d 4 m 0 m 8 y 2 y 0 y 2 y 0	
12	Name of person, body or court appointing administrator	
Person, body or court	Directors of the Company	
name		_
13	Sign and date	
Administrator's	Signature	
signature	165	
Signature date	$\begin{bmatrix} 1 & & & & & \\ 0 & & & & & \\ \end{bmatrix} \begin{bmatrix} 0 & & & & \\ \end{bmatrix} \begin{bmatrix} 0 & & & \\ \end{bmatrix} \begin{bmatrix} 0 & & & \\ \end{bmatrix} \begin{bmatrix} 0 & & \\ \end{bmatrix} $	•

AM01

Notice of administrator's appointment

Presenter information

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record. Contact name Jonathan Marston Company name Alvarez & Marsal Europe LLP Address Suite 3 Regency House 91 Western Road Post town Brighton County/Region Postcode B N 1 2 N W Country DX Telephone +44 (0) 20 7715 5200 Checklist We may return forms completed incorrectly or

with information missing.

following:

Please make sure you have remembered the

The company name and number match the information held on the public Register.
 You have signed and dated the form.

Important information

All information on this form will appear on the public record.

■ Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:

The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.

Further information

For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse

In accordance with Rule 3.27 of the Insolvency (England & Wales) Rules 2016

AM01 - continuation page Notice of administrator's appointment

& paragraph 46(4) of Schedule B1 to the Insolvency Act 1986.		
1	Company details	
Company number.	0 3 8 6 3 8 5 0	
Company name in full	Four Seasons Health Care Group Limited	
2	Administrator's name	
Full forename(s)	Jonny	
Surname	Marston	
3	Administrator's address	· · · · · · · · · · · · · · · · · · ·
Building name/number	Suite 3 Regency House	
Street	91 Western Road	
,		
Post town	Brighton	
County/Region		
Postcode	B N 1 2 N W	
Country		
4	Administrator's email address or telephone number •	,
Email address	Insolvency-UK@alvarezandmarsal.com	• You must give an email address or
Telephone number	+44 (0) 20 7715 5200	telephone number. All information on this form will appear on the public record.
5	Insolvency practitioner number	
Insolvency practitioner number	1 4 3 9 2	
•		
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