



*Companies House*  
— for the record —

**AD02** (ef)

**Notification of single alternative  
inspection location (SAIL)**



XXIXSLBM

*Company Name:* **ABI CARE LIMITED**

*Company Number:* **05486687**

*Received for filing in Electronic Format on the:* **01/07/2010**

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*SAIL Address*

*The address for an alternative location to the company's registered office for the inspection of registers is:*

**C/O ABI DENTAL CARE  
5B SHELDON SQUARE  
LONDON  
UNITED KINGDOM  
W2 6HY**

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*Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

Director, Secretary, Person Authorised, Liquidator, Administrator, Administrative Receiver, Receiver, Receiver Manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.