FORM No. 600

Notice of appointment of liquidator

600

CHFP080

Please do not Write in this margin

Please complete legibly preferably in black type or bold block lettering *Insert full name of company

Voluntary	winding up	
(Members	or Creditors)	

(Members or Creditors)		
Pursuant to section 109 of the Insolven	cy Act 1986	
To the Registrar of Companies (Address Overleaf)	For official use	Company number
(leading a residual)		06058482
Company details	•	
* Patient First Group Limited - In Liquid	ation	
Nature of Business		
Holding Company		
I/We give notice that I/We have been a 28 January 2011		company on
The appointment was by Court (See a	ttached Court Order)	
Type of liquidation Creditors		
Name of Liquidator Jonathan Mark Office holder number 5328 Address 104-106 Colmo	Birch ore Row Birmingham B3 3AG	
E mail address www frpadviso	ry com	
Signature	Date	14/2/11
Name of Liquidator Office holder number Address		
Signature	Date	
Presentor's name and address and		
reference (If any)	For Official Use General Section	

104-106 Colmore Row Birmingham B3 3AĞ

Time Critical Reference



*A85W1RP0 16/02/2011 A05

COMPANIES HOUSE

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