



Confirmation Statement

Company Name: **ATRICARE LIMITED**

Company Number: **08292603**



X5KGRC9F

Received for filing in Electronic Format on the: **24/11/2016**

Company Name: **ATRICARE LIMITED**

Company Number: **08292603**

Confirmation **13/11/2016**

Statement date:

Sic Codes: **62090**

85600

86210

86900

Principal activity **Other information technology service activities**

description: **Educational support services**

General medical practice activities

Other human health activities

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became registrable: **15/04/2016**

Name: **MR STEPHEN DOUGLAS PETER LAWRANCE**

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/07/1961**

Nationality: **BRITISH**

Nature of control

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

Notification Details

Date that person became **15/04/2016**
registrable:

Name: **MRS WENDY SUSAN LAWRANCE**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/08/1966**

Nationality: **BRITISH**

Nature of control

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

Notification Details

Date that person became **15/04/2016**
registrable:

Name: **MR JASON MARK FAT FREE**

Service address recorded as Company's registered office

Country/State Usually **USA**
Resident:

Date of Birth: ****/12/1970**

Nationality: **AMERICAN**

Nature of control

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