

## **Confirmation Statement**

Company Name: CONNIE HEALTHCARE SERVICES LIMITED

Company Number: 10203189

XC590C83

Received for filing in Electronic Format on the: 08/06/2023

Company Name: CONNIE HEALTHCARE SERVICES LIMITED

Company Number: 10203189

Confirmation **26/05/2023** 

Statement date:

## **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 |
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**Electronically filed document for Company Number:** 

## **Authorisation**

| Authenticated   |
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| This form was authorised by one of the following:   |
| Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor |
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**End of Electronically filed document for Company Number:**