



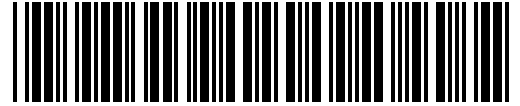
Companies House

**CS01** (ef)

**Confirmation Statement**

Company Name: **HEALTHCARE PERM STAFF LIMITED**

Company Number: **07549148**



Received for filing in Electronic Format on the: **01/04/2021**

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Company Name: **HEALTHCARE PERM STAFF LIMITED**

Company Number: **07549148**

Confirmation Statement date: **02/03/2021**

Statement date:

## Statement of Capital (Share Capital)

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<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>100</b>
Currency:	<b>GBP</b>	Aggregate nominal value:	<b>100</b>

Prescribed particulars

**FULL RIGHTS TO RECEIVE NOTICE OF, ATTEND AND VOTE AT GENERAL MEETINGS. ONE SHARE CARRIES ONE VOTE, AND FULL RIGHTS TO DIVIDENDS AND CAPITAL DISTRIBUTIONS (INCLUDING UPON WINDING UP).**

<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>100</b>
	<b>B</b>	Aggregate nominal value:	<b>100</b>
	<b>SHARES</b>		

Currency: **GBP**

Prescribed particulars

**ALL SHARES ISSUED ARE NON-REDEEMABLE AND RANK EQUALLY IN TERMS OF EACH OF: 1. RIGHTS TO TAKE PART IN ALL APPROVED DIVIDEND DISTRIBUTIONS 2. VOTING RIGHTS – EACH SHARE BEING ENTITLED TO ONE VOTE 3. RIGHTS TO PARTICIPATE IN ANY DISTRIBUTION OF CAPITAL ON WINDING UP OF THE COMPANY.**

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## Statement of Capital (Totals)

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Currency:	<b>GBP</b>	Total number of shares:	<b>200</b>
		Total aggregate nominal value:	<b>200</b>
		Total aggregate amount	<b>100</b>
		unpaid:	

# 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