

## **Confirmation Statement**

Company Name: Absolute Care Management Ltd

Company Number: 11845859

XBYZ5RHM

Received for filing in Electronic Format on the: 10/03/2023

Company Name: Absolute Care Management Ltd

Company Number: 11845859

Confirmation **24/02/2023** 

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 |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

## **Authorisation**

| Authenticated   |
|---|
| This form was authorised by one of the following:   |
| Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

11845859

**End of Electronically filed document for Company Number:**