



Annual Return

Company Name: **THE MEDICAL COUNCIL ON ALCOHOL**

Company Number: **00952312**



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Company Name: **THE MEDICAL COUNCIL ON ALCOHOL**

Company Number: **00952312**

Date of this return: **27/06/2016**

Sic Codes: **85590**

Company Type: **Private company limited by guarantee**

Situation of **5 ST ANDREWS PLACE REGENTS PARK LONDON**

Registered Office: **NW1 4LB**

Officers of the company

Company Secretary 1

Type: **Person**
Full Forename(s): **DR DOMINIQUE ANNE**
Surname: **FLORIN**
Service Address: **recorded as Company's registered office**

Company Director 1

Type: **Person**
Full Forename(s): **PROFESSOR PETER WILLIAM**
Surname: **BRUNT**
Service Address: **FLAT 4 1 HILLPARK RISE EDINBURGH BLACKHALL
EH4 7BB**

Country/State: **SCOTLAND**
Usually Resident:
Date of Birth: ****/01/1936** Nationality: **BRITISH**
Occupation: **CONSULTANT
PHYSICIAN &
GASTROE**

Company Director 2

Type: **Person**
Full Forename(s): **PROFESSOR JONATHAN**
Surname: **CHICK**
Service Address: **recorded as Company's registered office**

Country/State: **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/04/1945** Nationality: **BRITISH**
Occupation: **CHIEF EDITOR
OF MCA
JOURNAL**

Company Director 3

Type: **Person**
Full Forename(s): **PROFESSOR COLIN DAVID**
Surname: **DRUMMOND**
Service Address: **recorded as Company's registered office**

Country/State **UNITED KINGDOM**

Usually Resident:

Date of Birth: ****/02/1958**

Nationality: **BRITISH**

Occupation: **LECTURER**

Company Director 4

Type: **Person**
Full Forename(s): **DR CLARE**
Surname: **GERADA**
Service Address: **283 KENNINGTON ROAD LONDON
SE11 6BY**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/11/1959**

Nationality: **BRITISH**

Occupation: **GENERAL
PRACTITIONER**

Company Director 5

Type: **Person**
Full Forename(s): **PROFESSOR SIR IAN THOMAS**
Surname: **GILMORE**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/09/1946**

Nationality: **BRITISH**

Occupation: **CHAIR OF IAS**

Company Director 6

Type: **Person**
Full Forename(s): **DR EILISH**
Surname: **GILVARRY**
Service Address: **recorded as Company's registered office**

Country/State **UNITED KINGDOM**

Usually Resident:

Date of Birth: ****/08/1955**

Nationality: **BRITISH**

Occupation: **DOCTOR**

Company Director 7

Type: **Person**
Full Forename(s): **DR BRIAN DAVID**
Surname: **HORE**
Service Address: **ASHLETT HOUSE 22 HANDFORTH ROAD WILMSLOW
SK9 2LU**

Country/State **UNITED KINGDOM**

Usually Resident:

Date of Birth: ****/09/1937**

Nationality: **BRITISH**

Occupation: **CONSULTANT
PSYCHIATRIST**

Company Director 8

Type: **Person**
Full Forename(s): **PROFESSOR SIR MICHAEL GIDEON**
Surname: **MARMOT**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/01/1945**

Nationality: **BRITISH**

Occupation: **PRESIDENT OF
MCA**

Company Director 9

Type: **Person**
Full Forename(s): **DR CATHERINE ANNE**
Surname: **MCCUNE**
Service Address: **recorded as Company's registered office**

Country/State **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/04/1966** Nationality: **BRITISH**
Occupation: **DOCTOR**

Company Director 10

Type: **Person**
Full Forename(s): **DOCTOR IAIN MALCOLM**
Surname: **MURRAY-LYON**
Service Address: **12 ST JAMES GARDENS LONDON
W11 4RD**

Country/State **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/08/1940** Nationality: **BRITISH**
Occupation: **CONSULTANT
PHYSICIAN**

Company Director 11

Type: **Person**
Full Forename(s): **DR COLIN**
Surname: **PAYTON**
Service Address: **9 BUDBURY CLOSE BRADFORD-ON-AVON
BA15 1QG**

Country/State **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/09/1953** Nationality: **BRITISH**
Occupation: **OCCUPATIONAL
HEALTH
CONSULTANT**

Company Director 12

Type: **Person**
Full Forename(s): **DR EDWARD BRUCE**
Surname: **RITSON**
Service Address: **4 MCLAREN ROAD EDINBURGH
EH9 2BH**

Country/State **SCOTLAND**

Usually Resident:

Date of Birth: ****/03/1937**

Nationality: **BRITISH**

Occupation: **CONSULTANT
PSYCHIATRIST**

Company Director 13

Type: **Person**
Full Forename(s): **DR ANDREW**
Surname: **THILLAINAYAGAM**
Service Address: **132 DALLING ROAD LONDON HAMMERSMITH
W6 0EP**

Country/State **UNITED KINGDOM**

Usually Resident:

Date of Birth: ****/05/1961**

Nationality: **BRITISH**

Occupation: **CONSULTANT
PHYSICIAN**

Company Director 14

Type: **Person**
Full Forename(s): **ROBIN**
Surname: **TOUQUET**
Service Address: **56 INNER PARK ROAD LONDON
SW19 6DA**

Country/State **UNITED KINGDOM**

Usually Resident:

Date of Birth: ****/08/1947**

Nationality: **BRITISH**

Occupation: **HOSPITAL
CONSULTANT**

Company Director 15

Type: **Person**
Full Forename(s): **DR ROBERT ALASDAIR BRIMS**
Surname: **YOUNG**
Service Address: **DUNSYRE HOUSE, CARNWATH DUNSYRE
ML11 8NQ**

Country/State **GREAT BRITAIN**
Usually Resident:
Date of Birth: ****/12/1947** Nationality: **BRITISH**
Occupation: **PSYCHIATRIST**

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Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager,
Judicial Factor

