



Companies House

— for the record —

Company Name

**NORTH SEA MEDICAL CENTRE
LIMITED**

363s Annual Return

NW
11489
EIS-2

Company Type

**Private Company Limited By
Shares**

Company Number

1523421

Information extracted from
Companies House records on

10th September 2001

- > Please check the details printed in blue on this statement.
- > If any details are wrong, strike them through and write the correct details in the "Amended details" column.
- > Please use black pen and write in capitals.



Section 1: Company details

Ref: 1523421/03/10

| | Current details | Amended details | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------|------|-----------------------------|---|----------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| > Registered Office Address <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> | 2 Bloomsbury Street London WC1B 3ST | Address _____ _____ _____ UK Postcode _ _ _ _ _ | | | | | | | | | | | | | | | | | | |
| > Register of Members <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> | Address where the Register is held Central Surgery Sussex Road Gorleston Great Yarmouth NR31 6QB | Address _____ _____ _____ UK Postcode _ _ _ _ _ | | | | | | | | | | | | | | | | | | |
| > Register of Debenture Holders <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> | Central Surgery Sussex Road Gorleston Great Yarmouth NR31 6QB | Address _____ _____ _____ UK Postcode _ _ _ _ _ | | | | | | | | | | | | | | | | | | |
| > Principal Business Activities <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> | <table border="1"> <thead> <tr> <th>SIC Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>8512</td> <td>Medical practice activities</td> </tr> </tbody> </table> | SIC Code | Description | 8512 | Medical practice activities | <table border="1"> <thead> <tr> <th>SIC CODE</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> | SIC CODE | Description | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| SIC Code | Description | | | | | | | | | | | | | | | | | | | |
| 8512 | Medical practice activities | | | | | | | | | | | | | | | | | | | |
| SIC CODE | Description | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | | |
| > Please enter additional principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes. | | | | | | | | | | | | | | | | | | | | |

Section 2: Details of Officers of the Company

| | Current details | Amended details |
|--|---|---|
| > Company Secretary <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Company Secretary must be notified on form 288.</i> | Name Philip Charles SMITH Address 21 Bracon Road Belton Great Yarmouth Norfolk NR31 9PS | Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of change _ _ / _ _ / _ _ _ _ Date Philip Charles SMITH ceased to be secretary (if applicable) _ _ / _ _ / _ _ _ _ |
| > Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Director must be notified on form 288.</i> | Name Christopher Henry BROOKINGS Address 48 High Road Gorleston Great Yarmouth Norfolk NR31 0PE Date of birth 03/04/1947 Nationality British Occupation Medical Practitioner | Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Christopher Henry BROOKINGS ceased to be director (if applicable) _ _ / _ _ / _ _ _ _ |
| > Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Director must be notified on form 288.</i> | Name Dr Andrew Paul COLVIN Address 5 Yallop Avenue Gorleston Great Yarmouth Norfolk NR31 6HA Date of birth 28/06/1960 Nationality British Occupation General Registered Medical Pra | Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Dr Andrew Paul COLVIN ceased to be director (if applicable) _ _ / _ _ / _ _ _ _ |

| | Current details | Amended details |
|--|--|---|
| > Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Director must be notified on form 288.</i> | Name Dr Neil Michael LIVINGSTONE Address 36 Great Court Royal Naval Hospital Great Yarmouth Norfolk NR30 Date of birth 30/04/1944 Nationality British Occupation Medical Practitioner | Name <hr/> Address <hr/> <hr/> <hr/> UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Dr Neil Michael LIVINGSTONE ceased to be director (if applicable) _ _ / _ _ / _ _ _ _ |
| > Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Director must be notified on form 288.</i> | Name Dr Thomas PACE Address Acorn Fields Back Lane Lound Lowestoft Suffolk NR32 5NE Date of birth 23/12/1946 Nationality British Occupation General Medical Practitioner | Name <hr/> Address <hr/> <hr/> <hr/> UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Dr Thomas PACE ceased to be director (if applicable) _ _ / _ _ / _ _ _ _ |
| > Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> <i>Particulars of a new Director must be notified on form 288.</i> | Name Philip Charles SMITH Address 21 Bracon Road Belton Great Yarmouth Norfolk NR31 9PS Date of birth 02/06/1953 Nationality British Occupation General Manager Medical Centre | Name <hr/> Address <hr/> <hr/> <hr/> UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Philip Charles SMITH ceased to be director (if applicable) _ _ / _ _ / _ _ _ _ |

| | Current details | Amended details |
|--|--|---|
| > Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> | Name David Graham WATSON Address 54 Warren Road Gorleston Great Yarmouth Norfolk NR31 6JT Date of birth 12/04/1948 Nationality British Occupation Medical Practitioner | Name Address UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date David Graham WATSON ceased to be director (if applicable) |
| <i>Particulars of a new Director must be notified on form 288.</i> | | |
| > Director <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> | Name Dr Simon David WORSLEY Address Toft Lea New Road, Toft Monks Beccles Suffolk NR34 0JW Date of birth 14/04/1955 Nationality British Occupation General Medical Practitioner | Name Address UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Dr Simon David WORSLEY ceased to be director (if applicable) |
| <i>Particulars of a new Director must be notified on form 288.</i> | | |

Section 3: Share Capital

| | Current details | Amended details |
|---|---|--|
| > Issued Share Capital <i>This table shows the total number of shares that have been issued by your company and their Nominal Value. If any of the details are wrong, please fill in the correct details.</i> | Class of share Ordinary Nominal value of each share £1.00 Number of shares issued 2 Aggregate Nominal Value of issued shares £2.00 | Class of share _____ Nominal value of each share _____ Number of shares issued _____ Aggregate Nominal Value of issued shares _____ |
| > Total shares issued and value <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i> | Total number of shares issued 2 Total Nominal value of shares issued £2.00 | Total number of shares issued _____ Total Nominal value of shares issued _____ |
| > At the date of this Annual Return, if the company has altered or changed its share capital in any way or allotted new shares, please refer to the guidance notes for details of the appropriate form that should be sent with this Annual Return. Annual return guidance notes are available on the Companies House web site at www.companieshouse.gov.uk or by ringing 0870 333636. | | |

Section 4: Details of Shareholders

- > The details we hold on your company's shareholders and their shareholdings are printed below. These are based on your last Annual Return.
- > If any details have changed, or if any shares have been transferred, please fill in the details in the "Amended details" or "Shares transferred" column.
- > Please give details of any other shareholders in Section 5.

| Current details | | Amended details | | Shares transferred | | |
|--|--|---|--|--|---------------|---------------------------|
| > Shareholder Name N.S.M.C. LTD | | Name <hr/> | | Shares transferred by N.S.M.C. LTD | | |
| Address 2 Bloomsbury Street London WC1B 3ST | | Address <hr/> <hr/> | | | | |
| | | UK Postcode _ _ _ _ _ | | | | |
| Shares held Class Ordinary | | Shares held Class Number <hr/> <hr/> | | | | |
| Number 1 | | | | Class | Number | Date of transfer |
| | | | | <hr/> | <hr/> | <hr/> _ _ / _ _ / _ _ _ _ |
| | | | | <hr/> | <hr/> | <hr/> _ _ / _ _ / _ _ _ _ |
| <hr/> | | | | | | |
| > Shareholder Name Dr S.D. WORSLEY | | Name <hr/> | | Shares transferred by Dr S.D. WORSLEY | | |
| Address 2 Bloomsbury Street London WC1B 3ST | | Address <hr/> <hr/> | | | | |
| | | UK Postcode _ _ _ _ _ | | | | |
| Shares held Class Ordinary | | Shares held Class Number <hr/> <hr/> | | | | |
| Number 1 | | | | Class | Number | Date of transfer |
| | | | | <hr/> | <hr/> | <hr/> _ _ / _ _ / _ _ _ _ |
| | | | | <hr/> | <hr/> | <hr/> _ _ / _ _ / _ _ _ _ |

Section 5: Details of Other Shareholders

- > Please fill in details of any persons or corporate bodies who are shareholders of the company at the date of this return, but whose details are not printed in Section 4.
- > Also, provide the details of any persons who became but have ceased to be shareholders of the company since the date of the last annual return.
- > For jointly held shares please list those joint shareholders consecutively on the form. If a joint shareholder also holds shares in their own right, list that holding separately.
- > Please copy this page if there is not enough space to enter all the company's other shareholders.

| Shareholders details | Class and number of shares or amount of stock held | Class and number of shares or amount of stock transferred (If appropriate) | Date of registration of transfer (If appropriate) |
|---|--|--|---|
| Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ | | | |
| Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ | | | |
| Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ | | | |
| Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ | | | |



Companies House
— for the record —

363s Annual Return Declaration

- > When you have checked all the sections of this form, please complete this page and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

1. Declaration

- ☐ I confirm that the details in this annual return are correct as at the made-up-date (shown at 2 below). I enclose the filing fee of £15.

Signature

[Signature]
(Director / Secretary)

Date

01 / 10 / 2001

*This date must not be earlier than the
return date at 2 below*

What to do now

Complete this page then send the whole of the Annual Return and the declaration to the address shown at 4 below.

2. Date of this return

- ☐ This AR is made up to **25/9/2001** If you are making this return up to an earlier date, please give the date here

__ / __ / ____

Note: The form must be delivered to CH within 28 days of this date

3. Date of next return

- ☐ If you wish to change your next return to a date earlier than **25th September 2002** please give the new date here:

__ / __ / ____

4. Where to send this form

- ☐ Please return this form to:

Registrar of Companies
Companies House
Crown Way
Cardiff CF14 3UZ

OR

For members of the Hays Document
Exchange service
DX 33050 Cardiff

Have you enclosed the filing fee with the company number written on the reverse of the cheque?

Cheque ☒ Postal Order☒ Cheque / Postal OrderNumber 11489

(Please complete as appropriate)

Contact Address

Please give the name and address of the person who should be contacted if there are any queries about this form.

Contact Name

PHILIP C. SMITH

Telephone number inc code

01493 414145

Address

3 LOWESTOFT RD

DX number if applicable

GORLESTON

DX exchange

GREAT YARMOUTH

Postcode

NR31 6SE