Companies House

AR01 (ef)

Annual Return

Received for filing in Electronic Format on the: **24/10/2015**

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Company Name:	**KAIZEN MEDICAL SERVICES LIMITED**
Company Number:	**02981761**
Date of this return:	**21/10/2015**
SIC codes:	**74990**
Company Type:	**Private company limited by shares**
Situation of Registered Office:	**CHERRY TREE COTTAGE, WOODHOUSE LANE, BELTON DONCASTER SOUTH YORKSHIRE DN9 1QH**

Officers of the company

Company Secretary 1

Type: **Person**

Full forename(s): **DR IAN GORDON**

Surname: **WOOLLANDS**

Former names:

Service Address: **CHERRY TREE COTTAGE**
WOODHOUSE LANE, BELTON
DONCASTER
YORKSHIRE
DN9 1QH

Company Director 1

Type: **Person**

Full forename(s): **MR MARTIN SPENCER**

Surname: **KAY**

Former names:

Service Address: **66 DODDINGTON ROAD**
LINCOLN
LINCOLNSHIRE
LN6 7EU

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/05/1956** *Nationality:* **BRITISH**

Occupation: **HEALTH SERVICE MANAGER**

Company Director 2

Type: **Person**

Full forename(s): **DR IAN GORDON**

Surname: **WOOLLANDS**

Former names:

Service Address: **CHERRY TREE COTTAGE**
WOODHOUSE LANE, BELTON
DONCASTER
YORKSHIRE
DN9 1QH

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/11/1955** *Nationality:* **BRITISH**

Occupation: **DOCTOR**

Statement of Capital (Share Capital)

Class of shares	**ORDINARY**	*Number allotted*	**2**
		Aggregate nominal value	**2**
Currency	**GBP**	*Amount paid per share*	**0**
		Amount unpaid per share	**0**

Prescribed particulars

FULL VOTING RIGHTS

Statement of Capital (Totals)

Currency	**GBP**	*Total number of shares*	**2**
		Total aggregate nominal value	**2**

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 21/10/2015 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **2 ORDINARY shares held as at the date of this return**

Name: **IAN G. WOOLLANDS**

Authorisation

Authenticated

This form was authorised by one of the following:

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