



Companies House

AR01 (ef)

Annual Return



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Company Name: **SUSSEX BACK PAIN CLINIC LIMITED**

Company Number: **04377854**

Date of this return: **20/02/2015**

SIC codes: **86900**

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

Situation of Registered Office: **SPECTRUM HOUSE, 96A COLERIDGE STREET, HOVE EAST SUSSEX BN3 5AA**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MR STEVEN LEWIS**

Surname: **MORRIS**

Former names:

Service Address: **54 WESTBOURNE GARDENS
HOVE
EAST SUSSEX
BN3 5PQ**

Company Director **1**

Type: **Person**

Full forename(s): **MRS SAMANTHA KIM**

Surname: **MORRIS**

Former names:

Service Address: **54 WESTBOURNE GARDENS
HOVE
EAST SUSSEX
BN3 5PQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **02/09/1966**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

Company Director **2**

Type: **Person**

Full forename(s): **MR STEVEN LEWIS**

Surname: **MORRIS**

Former names:

Service Address: **54 WESTBOURNE GARDENS
HOVE
EAST SUSSEX
BN3 5PQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **14/11/1966** *Nationality:* **BRITISH**

Occupation: **OSTEOPATH**

Statement of Capital (Share Capital)

Class of shares	A ORDINARY	<i>Number allotted</i>	100
		<i>Aggregate nominal value</i>	100
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	1
<i>Prescribed particulars</i>			
ORDINARY SHARES, FULL VOTING RIGHTS, NO RESTRICTIONS			

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	100
		<i>Total aggregate nominal value</i>	100

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 20/02/2015 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 : **50 A ORDINARY shares held as at the date of this return**
Name: **SAMANTHA KIM MORRIS**

Shareholding 2 : **50 A ORDINARY shares held as at the date of this return**
Name: **STEVEN LEWIS MORRIS**

Authorisation

Authenticated

This form was authorised by one of the following:

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