



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **31/03/2015**

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Company Name: **Summerfield Medical Limited**

Company Number: **04688194**

Date of this return: **06/03/2015**

SIC codes: **87100**

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

Situation of Registered Office: **BRENT HOUSE 382 GLOUCESTER ROAD
CHELTENHAM
GLOUCESTERSHIRE
UNITED KINGDOM
GL51 7AY**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MRS LARAINÉ MAY**

Surname: **COGHILL**

Former names:

Service Address: **BRENT HOUSE 382 GLOUCESTER ROAD
CHELTENHAM
GLOUCESTERSHIRE
UNITED KINGDOM
GL51 7AY**

Company Director ***1***

Type: **Person**
Full forename(s): **MR KEITH JAMES**

Surname: **COGHILL**

Former names:

Service Address: **BRENT HOUSE 382 GLOUCESTER ROAD
CHELTENHAM
GLOUCESTERSHIRE
UNITED KINGDOM
GL51 7AY**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **16/04/1947** *Nationality:* **BRITISH**
Occupation: **DIRECTOR**

Company Director 2

Type: **Person**
Full forename(s): **MR JAMES BEAU**

Surname: **COGHILL**

Former names:

Service Address: **BRENT HOUSE 382 GLOUCESTER ROAD
CHELTENHAM
GLOUCESTERSHIRE
UNITED KINGDOM
GL51 7AY**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **15/08/1980** *Nationality:* **BRITISH**
Occupation: **DIRECTOR**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	2
		<i>Aggregate nominal value</i>	2
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

FULL VOTING RIGHTS ON THE BASIS OF ONE VOTE FOR EACH SHARE.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	2
		<i>Total aggregate nominal value</i>	2

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 06/03/2015 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: **HI-HAND LIMITED**

Authorisation

Authenticated

This form was authorised by one of the following:

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