

"Amending"

PEAPOD LEGALOFFICE LTD.

363a

Please complete in typescript,
or in bold black capitals.

CHFP004

Annual Return

Company Number 4688740

Company Name in full BRIDGEND ANAESTHETISTS

Date of this return

The information in this return is made up to

Day Month Year

06 / 03 / 2008

Date of next return

If you wish to make your next return
to a date earlier than the anniversary
of this return please show the date here.
Companies House will then send a form at
the appropriate time.

Day Month Year

/ /

Registered Office

Show here the address at the date of
this return

BERRY SMITH CORPORATE

HAYWOOD HOUSE, DUMFRIES PLACE

Any change of
registered office
must be notified
on form 287.

Post town CARDIFF

County / Region

UK Postcode CF10 3GA

Principal business activities

Show trade classification code number(s)
for the principal activity or activities.

8512

If the code number cannot be determined,
give a brief description of principal activity.

TUESDAY



SPE 17/03/2020 #98

COMPANIES HOUSE

When you have completed and signed the form please send it to the
Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ
for companies registered in England and Wales

DX 33050 Cardiff

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for companies registered in Scotland

DX 235 Edinburgh
or LP - 4 Edinburgh 2

Register of members

If the register of members is not kept at the registered office, state here where it is kept.

DEPARTMENT OF ANAESTHETICS, PRINCESS OF WALES HOSPITAL

COITY ROAD

Post town BRIDGEND

County / Region

UK Postcode C F 3 1 1 R Q

Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

Company type

Public limited company

☐

Private company limited by share

☒

Private company limited by guarantee without share capital

☐

Private company limited by shares exempt under section 30

☐

Private company limited by guarantee exempt under section 30

☐

Private unlimited company with share capital

☐

Private unlimited company without share capital

☐

Please tick the appropriate box

Company Secretary

* Voluntary details.

Details of a new company secretary must be notified on form 288a.

(Please photocopy this area to provide details of joint secretaries).

Name * Style / Title BERITH (SECRETARIES) LIMITED

Forename(s)

Surname

Address ††

HAYWOOD HOUSE

DUMFRIES PLACE

Post town CARDIFF

County / Region

UK Postcode C F 1 0 3 G A

Country

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

| | | | | | | |
|--|--------------------------|----------------------|-------------|------|---------------|--|
| Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name. †† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address. | Name | * Style / Title | | DR | | |
| | | Day | Month | Year | | |
| | | Date of birth | | | | |
| | | / 0 7 / 1 9 7 1 | | | | |
| | | Forename(s) | | | | |
| | | FIONA | | | | |
| | | Surname | | | | |
| | | BENJAMIN | | | | |
| | Address †† | 27 ST JOHNS CRESCENT | | | | |
| | <input type="checkbox"/> | WHITCHURCH | | | | |
| | Post town | | | | | |
| | CARDIFF | | | | | |
| | County / Region | | UK Postcode | | C F 1 4 7 A F | |
| | Country | | Nationality | | BRITISH | |
| | Business occupation | | | | | |
| | ANAESTHETIST | | | | | |

* Voluntary details.

| | | | | | | |
|--|--------------------------|--------------------------------|-------------|------|---------------|--|
| Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name. †† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address. | Name | * Style / Title | | DR | | |
| | | Day | Month | Year | | |
| | | Date of birth | | | | |
| | | / 1 0 / 1 9 6 9 | | | | |
| | | Forename(s) | | | | |
| | | HARVEY | | | | |
| | | Surname | | | | |
| | | CAESAR | | | | |
| | Address †† | 18 TY WESTONIA, CHANDLERS QUAY | | | | |
| | <input type="checkbox"/> | PIERHEAD VIEW | | | | |
| | Post town | | | | | |
| | PENARTH MARINA | | | | | |
| | County / Region | | UK Postcode | | C F 6 4 1 S J | |
| | Country | | Nationality | | BRITISH | |
| | Business occupation | | | | | |
| | ANAESTHETIST | | | | | |

Issued share capital

Enter details of all the shares in issue at the date of this return.

| Class <i>(e.g. Ordinary/Preference)</i> | Number of shares issued | Aggregate Nominal Value <i>(i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)</i> |
|---|------------------------------------|---|
| ORDINARY D | 1 | 1.00 |
| ORDINARY O | 1 | 1.00 |
| ORDINARY W | 1 | 1.00 |
| ORDINARY A | 1 | 1.00 |
| Totals | 23 | 23.00 |

List of past and present shareholders

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period ☐

on paper

in another format

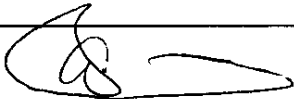
A list of changes is enclosed ☐

A full list of shareholders is enclosed ☒

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed



Date

[†] Please delete as appropriate.

[†] a director / secretary

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to **Companies House**.

This return includes

11

continuation sheets.

(enter number)

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

BERRY SMITH LLP

HAYWOOD HOUSE, DUMFRIES PLACE, CARDIFF

CF10 3GA

Tel

029 2034 5511

DX number 33097

DX exchange CARDIFF 1



Do not cover this barcode

Directors

Please list the directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|----------------------------|------------------|--------------------|-------------|
| Name | *Style/Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | ____ / 06 / 1970 | | |
| | Forename(s) | MONICA | | |
| | Surname | CHAWATHE | | |
| Address †† | | 21 LLEWELYN GOCH | | |
| <input type="checkbox"/> | | PARC RHYDLAFTER | | |
| | Post town | ST FAGANS | | |
| | County / Region | SOUTH GLAMORGAN | UK Postcode | C F 5 6 H R |
| | County | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

* Voluntary details.

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|----------------------------|--------------------|--------------------|---------------|
| Name | *Style/Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | ____ / 12 / 1947 | | |
| | Forename(s) | HOWARD | | |
| | Surname | DAVIES | | |
| Address †† | | CRAIG AFON | | |
| <input type="checkbox"/> | | 1 ISLAND FARM ROAD | | |
| | Post town | BRIDGEND | | |
| | County / Region | | UK Postcode | C F 3 1 3 L G |
| | County | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Please list the directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|----------------------------|-------------------|--------------------|---------------|
| Name | *Style/Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | _ / 1 1 / 1 9 6 4 | | |
| | Forename(s) | KATHLEEN | | |
| | Surname | EGGERS | | |
| <input type="checkbox"/> | Address †† | 4 VICTORIA SQUARE | | |
| | | | | |
| | Post town | PENARTH | | |
| | County / Region | VALE OF GLAMORGAN | UK Postcode | C F 6 4 1 S D |
| | County | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

* Voluntary details.

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|----------------------------|-------------------|--------------------|---------------|
| Name | *Style/Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | _ / 1 0 / 1 9 4 6 | | |
| | Forename(s) | DAVID HOWARD CLEE | | |
| | Surname | EVANS | | |
| <input type="checkbox"/> | Address †† | TY DRAW FARM | | |
| | | TY MERCHANT | | |
| | Post town | PENCOED | | |
| | County / Region | | UK Postcode | C F 3 5 6 P N |
| | County | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|---------------------|------------------|-------------|---------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | / 0 3 / 1 9 6 3 | | |
| | Forename(s) | GILLIAN SUZANNE | | |
| | Surname | EVANS | | |
| Address †† | | 55 AMESBURY ROAD | | |
| <input type="checkbox"/> | | | | |
| | Post town | CARDIFF | | |
| | County / Region | | UK Postcode | C F 2 3 5 D X |
| | Country | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|---------------------|-----------------|-------------|---------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | / 0 7 / 1 9 6 6 | | |
| | Forename(s) | ANDREW | | |
| | Surname | FARQUHARSON | | |
| Address †† | | 22 MAIN ROAD | | |
| <input type="checkbox"/> | | | | |
| | Post town | OGMORE BY SEA | | |
| | County / Region | | UK Postcode | C F 3 2 0 P D |
| | Country | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

| | | | | | | | | | | | |
|----------------------------|------------------------|-----------------|-------|-------------|---------|----|---|---|---|---|---|
| Name | * Style / Title | DR | | | | | | | | | |
| | | Day | Month | Year | | | | | | | |
| Date of birth | | / | 08 | / | 19 | 61 | | | | | |
| Forename(s) | | PREMINDER SINGH | | | | | | | | | |
| Surname | | GATAURE | | | | | | | | | |
| Address †† | | 42 FRIARS ROAD | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | |
| Post town | | NEWPORT | | | | | | | | | |
| County / Region | | SOUTH WALES | | UK Postcode | N | P | 2 | 0 | 4 | E | Z |
| Country | | | | Nationality | BRITISH | | | | | | |
| Business occupation | | ANAESTHETIST | | | | | | | | | |

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|---------------------|---------------------------|-------------|---------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | / 1 1 / 1 9 6 5 | | |
| | Forename(s) | EIRWYN BYRON | | |
| | Surname | HOWELLS | | |
| Address †† | | HIGHFIELD HOUSE | | |
| <input type="checkbox"/> | | BRIDGE ROAD, LLANBLETHIAN | | |
| | Post town | COWBRIDGE | | |
| | County / Region | | UK Postcode | C F 7 1 7 J G |
| | Country | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|---------------------|-------------------|-------------|---------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | / 0 3 / 1 9 6 6 | | |
| | Forename(s) | JONATHAN CHARLES | | |
| | Surname | HUGHES | | |
| Address †† | | BARN COTTAGE | | |
| <input type="checkbox"/> | | ST MARYS CHURCH | | |
| | Post town | COWBRIDGE | | |
| | County / Region | VALE OF GLAMORGAN | UK Postcode | C F 7 1 7 L T |
| | Country | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

| | | | | |
|---|------------------------|---------------|-------------|-------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| Date of birth | | / | 03 | / 1963 |
| Forename(s) | | LUIS FERNANDO | | |
| Surname | | JIMENEZ | | |
| Address †† <input type="checkbox"/> | 8 HAWTHORN AVENUE | | | |
| | | | | |
| Post town | | SWANSEA | | |
| County / Region | | | UK Postcode | S A 2 0 L P |
| Country | | | Nationality | BRITISH |
| Business occupation | | ANAESTHETIST | | |

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|---------------------|----------------------|-------------|---------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | / 0 9 / 1 9 5 4 | | |
| | Forename(s) | MELANIE JANE TINNION | | |
| | Surname | JONES | | |
| <input type="checkbox"/> | Address †† | 17 BESSANT CLOSE | | |
| | | | | |
| | Post town | COWBRIDGE | | |
| | County / Region | VALE OF GLAMORGAN | UK Postcode | C F 7 1 7 H P |
| | Country | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|---------------------|------------------|-------------|---------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | / 0 5 / 1 9 6 5 | | |
| | Forename(s) | KATHRYN | | |
| | Surname | LEWIS | | |
| <input type="checkbox"/> | Address †† | 65 PLYMOUTH ROAD | | |
| | | | | |
| | Post town | PENARTH | | |
| | County / Region | | UK Postcode | C F 6 4 3 D D |
| | Country | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | |
|--------------------------|-----------------|-------------|---------------|
| Name | * Style / Title | DR | |
| | Day | Month | Year |
| Date of birth | / 12 / 1970 | | |
| Forename(s) | NATALIE SIAN | | |
| Surname | MORGAN | | |
| Address †† | 6 SANDY LANE | | |
| <input type="checkbox"/> | | | |
| Post town | YSTRADOEN | | |
| County / Region | SOUTH GLAMORGAN | UK Postcode | C F 7 1 7 T Z |
| Country | | Nationality | BRITISH |
| Business occupation | ANAESTHETIST | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|------------|---------------------|-----------------|-------------|---------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | / 0 7 / 1 9 4 6 | | |
| | Forename(s) | RUSSELL WILTON | | |
| | Surname | MORRIS | | |
| Address †† | | 71 PARK STREET | | |
| | | | | |
| | Post town | BRIDGEND | | |
| | County / Region | | UK Postcode | C F 3 1 4 A Z |
| | Country | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|------------|---------------------|-------------------|-------------|---------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | / 0 8 / 1 9 6 3 | | |
| | Forename(s) | JOHN ANTONY | | |
| | Surname | OSBORNE | | |
| Address †† | | DIAMOND HOUSE | | |
| | | WESTGATE | | |
| | Post town | COWBRIDGE | | |
| | County / Region | VALE OF GLAMORGAN | UK Postcode | C F 7 1 7 A Q |
| | Country | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | |
|--------------------------|-----------------|-------|--------------|
| Name | * Style / Title | DR | |
| | Day | Month | Year |
| Date of birth | / | 02 | 1966 |
| Forename(s) | DAFYDDE | | |
| Surname | PARRY | | |
| Address †† | 17 HEOL DON | | |
| <input type="checkbox"/> | WHITCHURCH | | |
| Post town | CARDIFF | | |
| County / Region | UK Postcode | | C F 14 2 A R |
| Country | Nationality | | BRITISH |
| Business occupation | ANAESTHETIST | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|---------------------|-----------------|-------------|---------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | / 0 5 / 1 9 7 0 | | |
| | Forename(s) | GARETH | | |
| | Surname | PARRY | | |
| <input type="checkbox"/> | Address †† | 9 THE RETREAT | | |
| | | | | |
| | Post town | PORTHCAWL | | |
| | County / Region | MID GLAMORGAN | UK Postcode | C F 3 6 3 R U |
| | Country | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|--------------------------|---------------------|--------------------|-------------|---------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| | Date of birth | / 0 2 / 1 9 6 6 | | |
| | Forename(s) | SIMON DAVID | | |
| | Surname | POULTER | | |
| <input type="checkbox"/> | Address †† | PARK FARM | | |
| | | | | |
| | Post town | BRIDGEND | | |
| | County / Region | BRD COUNTY BOROUGH | UK Postcode | C F 3 2 0 E H |
| | Country | | Nationality | BRITISH |
| | Business occupation | ANAESTHETIST | | |

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | |
|--------------------------|------------------|-------------|---------------|
| Name | * Style / Title | DR | |
| | Day | Month | Year |
| Date of birth | / 08 / 1965 | | |
| Forename(s) | RICHARD JAMES | | |
| Surname | SELF | | |
| Address †† | 13 LON CAE PORTH | | |
| <input type="checkbox"/> | | | |
| Post town | CARDIFF | | |
| County / Region | | UK Postcode | C F 1 4 6 Q L |
| Country | | Nationality | BRITISH |
| Business occupation | ANAESTHETIST | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|---------------------|-----------------|------------------------|-------------|---------------|
| Name | * Style / Title | 0 | | |
| | | Day | Month | Year |
| | Date of birth: | / 0 9 / 1 9 5 7 | | |
| | Forename(s) | DAVID GARY | | |
| | Surname | THOMAS | | |
| Address †† | | 4 BROOKFIELD PARK ROAD | | |
| | | BROOKFIELD PARK | | |
| | Post town | COWBRIDGE | | |
| | County / Region | VALE OF GLAMORGAN | UK Postcode | C F 7 1 7 H J |
| | Country | | Nationality | BRITISH |
| Business occupation | ANAESTHETIST | | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

| | | | | |
|---------------------|-----------------|---------------------------|-------------|---------------|
| Name | * Style / Title | DR | | |
| | | Day | Month | Year |
| | Date of birth: | / 0 8 / 1 9 6 8 | | |
| | Forename(s) | JONATHAN CRAIG | | |
| | Surname | WILLIAMS | | |
| Address †† | | TY LLANGOED | | |
| | | 13 EGLWYS NUNYDD, MARGHAM | | |
| | Post town | PORT TALBOT | | |
| | County / Region | NEATH PORT TALBOT | UK Postcode | C A 1 3 2 P S |
| | Country | | Nationality | BRITISH |
| Business occupation | ANAESTHETIST | | | |

Share Capital Continuation (1)

Issued share capital

Enter details of all the shares in issue at the date of this return.

Class
(e.g. Ordinary/Preference)

**Number of
shares issued**

**Aggregate
Nominal Value**

(i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)

| | | |
|---------------|-----------|--------------|
| ORDINARY B | 1 | 1.00 |
| ORDINARY C | 1 | 1.00 |
| ORDINARY E | 1 | 1.00 |
| ORDINARY F | 1 | 1.00 |
| Totals | 23 | 23.00 |

List of past and present shareholders

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period

☐

on paper

in another format

A list of changes is enclosed

☐
☐

A full list of shareholders is enclosed

☐
☐

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed

Date

[†] Please delete as appropriate.

[†] a director / secretary

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to **Companies House**.

This return includes

continuation sheets.

(enter number)

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

 Tel
 DX number DX exchange

Share Capital Continuation (2)

Issued share capital

Enter details of all the shares in issue at the date of this return.

Class
(e.g. Ordinary/Preference)

**Number of
shares issued**

**Aggregate
Nominal Value**
(i.e. Number of shares issued
multiplied by nominal value per
share, or total amount of stock)

| | | |
|---------------|-----------|--------------|
| ORDINARY G | 1 | 1.00 |
| ORDINARY H | 1 | 1.00 |
| ORDINARY I | 1 | 1.00 |
| ORDINARY J | 1 | 1.00 |
| Totals | 23 | 23.00 |

List of past and present shareholders

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period

☐

on paper

in another format

A list of changes is enclosed

☐
☐

A full list of shareholders is enclosed

☐
☐

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed

Date

[†] Please delete as appropriate.

[†] a director / secretary

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to **Companies House**.

This return includes

continuation sheets.

(enter number)

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

 Tel
 DX number DX exchange

Share Capital Continuation (3)

Issued share capital

Enter details of all the shares in issue at the date of this return.

Class
(e.g. Ordinary/Preference)

**Number of
shares issued**

**Aggregate
Nominal Value**

(i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)

| | | |
|---------------|-----------|--------------|
| ORDINARY K | 1 | 1.00 |
| ORDINARY L | 1 | 1.00 |
| ORDINARY M | 1 | 1.00 |
| ORDINARY N | 1 | 1.00 |
| Totals | 23 | 23.00 |

List of past and present shareholders

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period

☐

on paper

in another format

A list of changes is enclosed

☐
☐

A full list of shareholders is enclosed

☐
☐

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed

Date

† Please delete as appropriate.

† a director / secretary

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to **Companies House**.

This return includes

continuation sheets.

(enter number)

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

 Tel
 DX number DX exchange

Share Capital Continuation (4)

Issued share capital

Enter details of all the shares in issue at the date of this return.

| Class (e.g. Ordinary/Preference) | Number of shares issued | Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock) |
|-------------------------------------|----------------------------|--|
| ORDINARY P | 1 | 1.00 |
| ORDINARY Q | 1 | 1.00 |
| ORDINARY R | 1 | 1.00 |
| ORDINARY S | 1 | 1.00 |
| Totals | 23 | 23.00 |

List of past and present shareholders

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period ☐

| | | |
|---|--------------------------|--------------------------|
| | on paper | in another format |
| A list of changes is enclosed | <input type="checkbox"/> | <input type="checkbox"/> |
| A full list of shareholders is enclosed | <input type="checkbox"/> | <input type="checkbox"/> |

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed

Date

[†] Please delete as appropriate.

[†] a director / secretary

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to **Companies House**.

This return includes continuation sheets.
(enter number)

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

| | |
|--------------------------------|----------------------------------|
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | Tel <input type="text"/> |
| DX number <input type="text"/> | DX exchange <input type="text"/> |

Share Capital Continuation (6)

Issued share capital

Enter details of all the shares in issue at the date of this return.

Class
(e.g. Ordinary/Preference)

**Number of
shares issued**

**Aggregate
Nominal Value**
(i.e. Number of shares issued
multiplied by nominal value per
share, or total amount of stock)

| | | |
|------------|----|-------|
| ORDINARY T | 1 | 1.00 |
| ORDINARY U | 1 | 1.00 |
| ORDINARY V | 1 | 1.00 |
| | | |
| Totals | 23 | 23.00 |

List of past and present shareholders

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period ☐

on paper in another format

A list of changes is enclosed

☐
☐

A full list of shareholders is enclosed

☐
☐

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed

Date

[†] Please delete as appropriate.

[†] a director / secretary

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to **Companies House**.

This return includes

continuation sheets.

(enter number)

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

 Tel
 DX number DX exchange

List of past and present shareholders

Schedule to form 363a

CHFP004

Company Number 4688740

Company Name in full BRIDGEND ANAESTHETISTS LIMITED

- Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a "full list" of all the company shareholders on:
 - The company's first annual return following incorporation;
 - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- List joint shareholders consecutively

| Shareholders' details | Class and number of shares or amount of stock held | Shares or amount of stock transferred (if appropriate) | |
|---|--|---|----------------------------------|
| | | Class and number of shares or amount of stock transferred | Date of registration of transfer |
| Name OWEN BENJAMIN Address 75 Ty Mawr Road, Llandaf North Cardiff UK Postcode CF 1 4 2 FP | 1 ORDINARY S | | |
| Name HARVEY CAESAR Address 18 Ty Westonia, Chandlers Quay Pier Head View, Penarth Cardiff UK Postcode CF 6 4 1 SJ | 1 ORDINARY Q | | |
| Name MONICA CHAWATHE Address 21 Llewelyn Goch Parc Rhydlafer UK Postcode CF 5 6 6 HR | 1 ORDINARY R | | |

Company Number 04688740

| Shareholders' details | Class and number of shares or amount of stock held | Shares or amount of stock transferred (if appropriate) | |
|---|--|---|----------------------------------|
| | | Class and number of shares or amount of stock transferred | Date of registration of transfer |
| Name HOWARD DAVIES Address Craig Afon, 1 Island Farm, Bridgend UK Postcode CF3 1 3 LG | 1 ORDINARY G | | |
| Name KATHLEEN EGGERS Address 4 Victoria Square Penarth Cardiff UK Postcode CF6 4 3 EH | 1 ORDINARY N | | |
| Name CHRISSIE EVANS Address Ty Draw Farm, Ty Merchant Pencoed UK Postcode CF3 5 6 PN | 1 ORDINARY F | | |
| Name ROBERT ANTHONY EVANS Address 55 Amesbury Road Cardiff UK Postcode CF2 1 5 BX | 1 ORDINARY M | | |
| Name RHIAN FARQUHARSON Address 22 Main Road Ogmore By Sea UK Postcode CF3 2 0 PD | 1 ORDINARY W | | |

Company Number

| Shareholders' details | Class and number of shares or amount of stock held | Shares or amount of stock transferred (if appropriate) | |
|---|--|---|----------------------------------|
| | | Class and number of shares or amount of stock transferred | Date of registration of transfer |
| Name PRIMINORE SINGH GATAURE Address 42 Friars Road Newport UK Postcode NP20 4EZ | 1 ORDINARY H | | |
| Name PAT HALLUM Address 4 Brookfield Park Cowbridge Vale of Glamorgan UK Postcode CF7 1 7HJ | 1 ORDINARY E | | |
| Name ANDREW HARRISON Address 17 Bessant Close Cowbridge Vale of Glamorgan UK Postcode CF7 1 7HP | 1 ORDINARY C | | |
| Name KATHERINE LUCY HOWELLS Address Highfield House Bridge Road Llanblethian, Cowbridge UK Postcode CF7 1 7JG | 1 ORDINARY P | | |
| Name ANN CATHERINE HUGHES Address Barn Cottage St Mary Church Cowbridge UK Postcode CF7 1 7LT | 1 ORDINARY B | | |

Company Number 04688740

| Shareholders' details | Class and number of shares or amount of stock held | Shares or amount of stock transferred (if appropriate) | |
|---|--|---|----------------------------------|
| | | Class and number of shares or amount of stock transferred | Date of registration of transfer |
| Name KATHERYN E LEWIS Address 65 Plymouth Road Penarth UK Postcode CF 6 4 3 DD | 1 ORDINARY L | | |
| Name NATALIE MORGAN Address 6 Sandy Lane Ystradoen South Glamorgan UK Postcode CF 7 1 7 TZ | 1 ORDINARY U | | |
| Name KAY MORRIS Address 71 Park Street Bridgend UK Postcode CF 3 1 4 AZ | ORDINARY T | | |
| Name MARGARET J K OSBORNE Address 141 Lowther Avenue Culcheth Nr Warrington, Cheshire UK Postcode WA 3 4 JR | ORDINARY A | | |
| Name ANTONIA PARRY Address 9 The Retreat Porthcawl South Glamorgan UK Postcode CF 3 6 3 RU | ORDINARY V | | |

Company Number 04688740

| Shareholders' details | Class and number of shares or amount of stock held | Shares or amount of stock transferred (if appropriate) | |
|---|--|---|----------------------------------|
| | | Class and number of shares or amount of stock transferred | Date of registration of transfer |
| Name DAFYDD PARRY Address 17 Heol Pon Whitchurch Cardiff UK Postcode CF 14 2 AR | ORDINARY J | | |
| Name SIMON DAVID POULTER Address Park Farm Tondur Bridgend UK Postcode CF 32 0 EH | ORDINARY D | | |
| Name HELEN ELIZABETH REID Address 8 Hawthorne Avenue Swansea UK Postcode SA 2 0 0 LP | ORDINARY O | | |
| Name MARY SELF Address 17 Low Cae Porth Cardiff UK Postcode CF 14 6 OL | ORDINARY I | | |
| Name HELEN ELIZABETH WILLIAMS Address Ty Llangoed 13 Eglwys Nunydd Margam Port Talbot UK Postcode CA 1 3 2 PS | ORDINARY K | | |