PEAPOD LEGALOFFICE LTD.

363a

Please complete in typescript, or in bold black capitals.

CHFP004

Annual Return

| Comp | any Number | 4688740 |
|--|----------------------------|--|
| Company | Name in full | BRIDGEND ANAESTHETISTS |
| Date of this return The information in this return | n is made up to | Day Month Year 0 6 / 0 3 / 2 0 0 8 |
| Date of next return If you wish to make your next to a date earlier than the and of this return please show th Companies House will then the appropriate time. | niversary ne date here. | Day Month Year |
| Registered Office Show here the address at this return | the date of | BERRY SMITH CORPORATE |
| | | HAYWOOD HOUSE, DUMFRIES PLACE |
| Any change of registered office must be notified on form 287. | | CARDIFF |
| | County / Region | |
| | | C F 1 0 3 G A |
| Principal business | activities | |
| Show trade classification for the principal activity or a | | 8512 |
| | | |
| If the code number cannot be give a brief description of pl | | |
| _ | | |
| *S91020 SPE 17/03/20 | | 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 Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh or LP - 4 Edinburgh 2 |
| COMPANIES | | - |

| 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 | y share | |
| Private company limited by share capital | y guarantee without | |
| Private company limited by section 30 | y shares exempt under | Please tick the appropriate box |
| Private company limited by under section 30 | y guarantee exempt | |
| Private unlimited company | with share capital | |
| Private unlimited company | without share capital | |
| Company Secreta | ry | |
| * Voluntary details. | | Details of a new company secretary must be notified on form 288a. |
| a | ame * Style / Title | BERITH (SECRETARIES) LIMITED |
| details of joint secretaries). | Forename(s) | |
| †† Tick this box if the | Surname | |
| address shown is a service address for the beneficiary of a | Address †† | HAYWOOD HOUSE |
| Confidentiality Order granted under section 723B of the | | DUMFRIES PLACE |
| Companies Act 1985 otherwise, give your usual residential | Post town | CARDIFF |
| address. In the case of a corporation or Scottish firm, give the | County / Region | UK Postcode C F 1 0 3 G A |
| registered or principal office address. | Country | |
| If a partnership give the names and addresses of the partners or the name of the partnership and office address. | | |

| Please list directors in | alphabetical order. | Details of new directors must be notified on form 288a | |
|--|---------------------|--|--|
| N | ame * Style / Title | DR | |
| Directors In the case of a director that is a corporation or a | | Day Month Year | |
| Scottish firm, the name is the corporate or firm name. | Date of birth | _ / <mark>0 </mark> | |
| | Forename(s) | FIONA | |
| †† Tick this box if the address shown is a service address for | Surname | BENJAMIN | |
| the beneficiary of a Confidentiality Order | Address †† | 27 ST JOHNS CRESCENT | |
| granted under section 723B of the Companies Act 1985 otherwise, give your | | WHITCHURCH | |
| usual residential address. In the case of a corporation or | Post town | CARDIFF | |
| Scottish firm, give the registered or principal office address. | County / Region | UK Postcode C F 1 4 7 A F | |
| | Country | Nationality BRITISH | |
| | Business occupation | ANAESTHETIST | |
| Voluntary details. | | | |
| N | ame * Style / Title | DR | |
| Directors In the case of a director that is a corporation or a | | Day Month Year | |
| Scottish firm, the name is the corporate or firm name. | Date of birth | / 1 0 / 1 9 6 9 | |
| | Forename(s) | HARVEY | |
| tt Tick this box if the address shown is a service address for | Surname | CAESAR | |
| the beneficiary of a Confidentiality Order granted under section | Address ++ | 18 TY WESTONIA, CHANDLERS QUAY | |
| 723B of the Companies Act 1985 otherwise, give your | | PIERHEAD VIEW | |
| usual residential address. In the case of a corporation or | Post town | PENARTH MARINA | |
| Scottish firm, give the registered or principal office address. | County / Region | VALE OF GLAMORGAN UK Postcode C F 6 4 1 S J | |
| | Country | Nationality BRITISH | |

| 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 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 | There were no changes in t | the period | |
| returns. | A list of changes is enclose | [] | another format |
| | A full list of shareholders is | enclosed | |
| Certificate | I certify that the informatio knowledge and belief. | | ue to the best of my |
| Signed † Please delete as appropriate. | † a director / secretary | Date | |
| 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 cont | inuation sheets. |
| You do not have to give any contact information in the box opposite but if | BERRY SMITH LLP | | |
| you do, it will help Companies House to contact you if there is a query on the form. The contact information that you | HAYWOOD HOUSE, DUM | IFRIES PLACE, CARDIFF | |
| give will be visible to searchers of the public record. | CF10 3GA | Tel 029 2034 551 | 1 |
| | DX number 33097 | DX exchange CAR | DIFF 1 |
| Í | | | Page 4 |

Do not cover this barcode

Directors Details of new directors must be notified on form 288a Please list the directors in alphabetical order. *Style/Title DR Name Directors In the case Day Month Year of a director that is a corporation or a Scottish firm, the Date of birth ____ / 0 6 / 1 9 7 0 name is the corporate or firm name. Forename(s) | MONICA tt Tick this box if the Surname | CHAWATHE address shown is a service address for the beneficiary of a Address # 21 LLEWELYN GOCH **Confidentiality Order** granted under section 723B of the PARC RHYDLAFTER Companies Act 1985 otherwise, give your Post town | ST FAGANS usual residential address. In the case of a corporation or County / Region | SOUTH GLAMORGAN UK Postcode C F 5 6 H R Scottish firm, give the registered or principal office address. County Nationality | BRITISH Business occupation | ANAESTHETIST * Voluntary details. Name *Style/Title DR Directors In the case Month Day Year of a director that is a corporation or a Scottish firm, the Date of birth ____ / 1 2 / 1 9 4 7 name is the corporate or firm name. Forename(s) | HOWARD tt Tick this box If the Surname | DAVIES address shown is a service address for

the beneficiary of a Address tt **CRAIG AFON Confidentiality Order** granted under section 723B of the 1 ISLAND FARM ROAD Companies Act 1985 otherwise, give your Post town | BRIDGEND usual residential address. In the case of a corporation or County / Region UK Postcode C F 3 1 3 L G Scottish firm, give the registered or principal office address. County Nationality | BRITISH **Business occupation** | ANAESTHETIST

Directors Details of new directors must be notified on form 288a Please list the directors in alphabetical order. *Style/Title DR Name Directors In the case Day Month Year of a director that is a corporation or a Scottish firm, the / 1 1 / 1 9 6 4 Date of birth name is the corporate or firm name. Forename(s) | KATHLEEN # Tick this box if the Surname | EGGERS address shown is a service address for the beneficiary of a Address # **4 VICTORIA SQUARE Confidentiality Order** granted under section 723B of the Companies Act 1985 otherwise, give your Post town | PENARTH usual residential address. In the case of a corporation or County / Region | VALE OF GLAMORGAN UK Postcode C F 6 4 1 S D Scottish firm, give the registered or principal County Nationality | BRITISH office address. **Business occupation** | ANAESTHETIST * Voluntary details. Name *Style/Title DR Directors In the case Month Year Day of a director that is a corporation or a Scottish firm, the _ / 1 0 / 1 9 4 6 Date of birth name is the corporate or firm name. Forename(s) | DAVID HOWARD CLEE tt Tick this box if the Surname | EVANS address shown is a service address for the beneficiary of a Address ++ TY DRAW FARM **Confidentiality Order** granted under section 723B of the TY MERCHANT Companies Act 1985 otherwise, give your Post town | PENCOED usual residential address. In the case

of a corporation or

office address.

Scottish firm, give the registered or principal

County / Region

County

Business occupation | ANAESTHETIST

UK Postcode C F 3 5 6 P N

Nationality | BRITISH

| Directors Please list directors in alphabetical order. | | Details of new directors must be notified on form 288a | |
|--|---------------------|--|--|
| N | ame * Style / Title | DR | |
| Directors In the case of a director that is a | , | Day Month Year | |
| corporation or a Scottish firm, the name is the corporate | Date of birth | / 0 3 / 1 9 6 3 | |
| or firm name. | Forename(s) | GILLIAN SUZANNE | |
| †† Tick this box if the address shown is a service address for | Surname | EVANS | |
| the beneficiary of a Confidentiality Order granted under section | Address ++ | 55 AMESBURY ROAD | |
| 723B of the Companies Act 1985 | | | |
| otherwise, give your usual residential address. In the case of a corporation or | Post town | CARDIFF | |
| Scottish firm, give the registered or principal office address. | County / Region | UK Postcode [C F 2 3 5 D X | |
| | Country | Nationality BRITISH | |
| | Business occupation | ANAESTHETIST | |
| Directors Please list directors in | alnhahetical order | Details of new directors must be notified on form 288a | |
| | ame * Style / Title | DR | |
| Directors In the case of a director that is a corporation or a | ŕ | Day Month Year | |
| Scottish firm, the name is the corporate or firm name. | Date of birth | / 0 7 / 1 9 6 6 | |
| or min name. | Forename(s) | ANDREW | |
| †† Tick this box if the address shown is a service address for | Surname | FARQUHARSON | |
| the beneficiary of a Confidentiality Order | Address †† | 22 MAIN ROAD | |
| granted under section 723B of the Companies Act 1985 otherwise, give your | | | |
| usual residential address. In the case of a corporation or | Post town | OGMORE BY SEA | |
| Scottish firm, give the registered or principal office address. | County / Region | UK Postcode C F 3 2 0 P D | |
| | Country | Nationality BRITISH | |

| Directors Please list directors | n alphabetical order. | Details of new directors must be notified on form 288a |
|--|-----------------------|--|
| | Name * Style / Title | DR |
| Directors In the case of a director that is a corporation or a | e | Day Month Year |
| Scottish firm, the name is the corporat or firm name. | Date of birth | / 0 8 / 1 9 6 1 |
| | Forename(s) | PREMINDER SINGH |
| # Tick this box if the address shown is a service address for | Surname | GATAURE |
| the beneficiary of a Confidentiality Order granted under section | Address ++ | 42 FRIARS ROAD |
| 723B of the Companies Act 1985 | | |
| otherwise, give your usual residential address. In the case of a corporation or | Post town | NEWPORT |
| Scottish firm, give the registered or principa office address. | | SOUTH WALES UK Postcode N P 2 0 4 E Z |
| | Country | Nationality BRITISH |

Directors Details of new directors must be notified on form 288a Please list directors in alphabetical order. * Style / Title | DR Name **Directors** In the case Day Month Year of a director that is a corporation or a Scottish firm, the / 1 1 / 1 9 6 5 Date of birth name is the corporate or firm name. Forename(s) EIRWYN BYRON # Tick this box if the Surname HOWELLS address shown is a service address for the beneficiary of a Address # HIGHFIELD HOUSE **Confidentiality Order** granted under section 723B of the BRIDGE ROAD, LLANBLETHIAN Companies Act 1985 otherwise, give your usual residential Post town | COWBRIDGE address. In the case of a corporation or Scottish firm, give the County / Region UK Postcode C F 7 1 7 J G registered or principal office address. Nationality | BRITISH Country Business occupation | ANAESTHETIST **Directors** Details of new directors must be notified on form 288a Please list directors in alphabetical order. Name * Style / Title | DR Directors In the case Day Month Year of a director that is a corporation or a Scottish firm, the Date of birth / 0 3 / 1 9 6 6 name is the corporate or firm name. Forename(s) JONATHAN CHARLES tt Tick this box if the Surname | HUGHES address shown is a service address for the beneficiary of a Address # BARN COTTAGE **Confidentiality Order** granted under section 723B of the ST MARYS CHURCH Companies Act 1985 otherwise, give your usual residential Post town | COWBRIDGE address. In the case of a corporation or Scottish firm, give the UK Postcode C F 7 1 7 L T County / Region VALE OF GLAMORGAN registered or principal office address. Country Nationality BRITISH

| Directors Please list directors | in alphabetic | cal order. | Details of new directors must be notified on form 288a |
|--|---------------|-----------------|--|
| | Name | * Style / Title | DR |
| Directors In the case of a director that is a corporation or a | - | | Day Month Year |
| Scottish firm, the name is the corporat or firm name. | e | Date of birth | / <mark>0 3 / 1 9 6 3</mark> |
| or min name. | | Forename(s) | LUIS FERNANDO |
| †† Tick this box if the address shown is a service address for | | Surname | JIMENEZ |
| the beneficiary of a Confidentiality Order | | dress †† | 8 HAWTHORN AVENUE |
| granted under section 723B of the Companies Act 1985 | | | |
| otherwise, give your usual residential address. In the case of a corporation or | | Post town | SWANSEA |
| Scottish firm, give the registered or principa office address. | | ounty / Region | UK Postcode S A 2 0 L P |
| | | Country | Nationality BRITISH |

| Please list directors in alphabetical order. | | Details of new directors must be notified on form 288a | |
|--|---------------------------|--|--|
| N | lame * Style / Title | DR | |
| Directors In the case of a director that is a corporation or a | | Day Month Year | |
| Scottish firm, the name is the corporate or firm name. | Date of birth | / 0 9 / 1 9 5 4 | |
| or min name. | Forename(s) | MELANIE JANE TINNION | |
| †† Tick this box if the address shown is a service address for | Surname | JONES | |
| the beneficiary of a Confidentiality Order granted under section | Address ++ | 17 BESSANT CLOSE | |
| 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case | Post town | COWBRIDGE | |
| of a corporation or Scottish firm, give the registered or principal office address. | 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 | |
| | lame * Style / Title | IDR | |
| Directors In the case of a director that is a | • | Day Month Year | |
| corporation or a Scottish firm, the name is the corporate or firm name. | Date of birth | _ / <mark>0 </mark> | |
| or iiiii name. | Forename(s) | KATHRYN | |
| †† Tick this box if the address shown is a service address for | Surname | LEWIS | |
| the beneficiary of a Confidentiality Order granted under section | Address ++ | 65 PLYMOUTH ROAD | |
| 723B of the Companies Act 1985 otherwise, give your | | | |
| usual residential address. In the case of a corporation or | | | |
| | Post town | PENARTH | |
| Scottish firm, give the registered or principal office address. | Post town County / Region | PENARTH UK Postcode C F 6 4 3 D D | |

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

| 1 | Name * Style / Title | DR |
|--|----------------------|---|
| Directors In the case of a director that is a corporation or a | • | Day Month Year |
| Scottish firm, the name is the corporate | Date of birth | _ / \[\frac{1}{2} \] / \[\frac{1}{9} \] \[\frac{7}{0} \] |
| or firm name. | Forename(s) | NATALIE SIAN |
| †† Tick this box if the address shown is a service address for | Surname | MORGAN |
| the beneficiary of a Confidentiality Order | Address ++ | 6 SANDY LANE |
| granted under section 723B of the Companies Act 1985 | | |
| otherwise, give your usual residential address. In the case of a corporation or | Post town | YSTRADOEN |
| Scottish firm, give the registered or principal office address. | County / Region | SOUTH GLAMORGAN UK Postcode C F 7 1 7 T Z |
| | Country | Nationality BRITISH |
| | Business occupation | ANAESTHETIST |

| Please list directors in | alphabetical order. | Details of new directors must be notified on form 288a | |
|---|---|--|--|
| N | ame * Style / Title | DR | |
| Directors In the case of a director that is a corporation or a | | Day Month Year | |
| Scottish firm, the name is the corporate or firm name. | Date of birth | _ / 0 7 / 1 9 4 6 | |
| or min hame. | Forename(s) | RUSSELL WILTON | |
| †† Tick this box if the address shown is a service address for | Surname | MORRIS | |
| the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 | Address ++ | 71 PARK STREET | |
| otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the | Post town | BRIDGEND | |
| registered or principal office address. | County / Region | UK Postcode C F 3 1 4 A Z | |
| | Country | Nationality BRITISH | |
| | | 1 | |
| | Business occupation | ANAESTHETIST | |
| Directors Please list directors in | · | Details of new directors must be notified on form 288a | |
| Please list directors in | · | | |
| Please list directors in N Directors In the case of a director that is a | alphabetical order. | Details of new directors must be notified on form 288a | |
| Please list directors in N Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate | alphabetical order. | Details of new directors must be notified on form 288a | |
| Please list directors in N Directors In the case of a director that is a corporation or a Scottish firm, the | alphabetical order. ame * Style / Title Date of birth | Details of new directors must be notified on form 288a DR Day Month Year | |
| Please list directors in N Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate | alphabetical order. ame * Style / Title Date of birth | Details of new directors must be notified on form 288a DR Day Month Year / 0 8 / 1 9 6 3 | |
| Please list directors in N 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 Contidentiality Order granted under section | alphabetical order. ame * Style / Title Date of birth Forename(s) | Details of new directors must be notified on form 288a DR Day Month Year / 0 8 / 1 9 6 3 JOHN ANTONY | |
| Please list directors in N 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 | alphabetical order. ame * Style / Title Date of birth Forename(s) Surname | Details of new directors must be notified on form 288a DR Day Month Year / 0 8 / 1 9 6 3 JOHN ANTONY OSBORNE | |
| Please list directors in N 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 | alphabetical order. ame * Style / Title Date of birth Forename(s) Surname | Details of new directors must be notified on form 288a DR Day Month Year / 0 8 / 1 9 6 3 JOHN ANTONY OSBORNE DIAMOND HOUSE | |
| Please list directors in N 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 | alphabetical order. ame * Style / Title Date of birth Forename(s) Surname Address ++ | Details of new directors must be notified on form 288a DR Day Month Year / 0 8 / 1 9 6 3 JOHN ANTONY OSBORNE DIAMOND HOUSE WESTGATE COWBRIDGE | |

| Directors Please list directors | in alphabetical order. | Details of new directors must be notified on form 288a |
|--|------------------------|--|
| | Name * Style / Title | DR |
| Directors In the case of a director that is a corporation or a | • | Day Month Year |
| Scottish firm, the name is the corpora or firm name. | Date of birtle | / 0 2 / 1 9 6 6 |
| or minimanie. | Forename(s) | DAFYDDE |
| †† Tick this box if the address shown is a service address for | Surname | PARRY |
| the beneficiary of a Confidentiality Order granted under section | Address tt | 17 HEOL DON |
| 723B of the Companies Act 1985 otherwise, give your | | WHITCHURCH |
| usual residential address. In the case of a corporation or | Post town | CARDIFF |
| Scottish firm, give the registered or principa office address. | | UK Postcode C F 1 4 2 A R |
| | Country | Nationality BRITISH |

| Please list directors in alphabetical order. | | Details of new directors must be notified on form 288a | |
|--|----------------------|--|--|
| h | lame * Style / Title | DR | |
| Directors In the case of a director that is a corporation or a | | Day Month Year | |
| Scottish firm, the name is the corporate or firm name. | Date of birth | / <u>0 </u> | |
| or min hame. | Forename(s) | GARETH | |
| †† Tick this box if the address shown is a service address for | Surname | PARRY | |
| the beneficiary of a Confidentiality Order granted under section | Address ++ | 9 THE RETREAT | |
| 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or | Post town | PORTHCAWL | |
| Scottish firm, give the registered or principal office address. | 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 | |
| | lame * Style / Title | DR | |
| Directors In the case of a director that is a | · | Day Month Year | |
| corporation or a Scottish firm, the name is the corporate | Date of birth | _ / 0 2 / 1 9 6 6 | |
| or firm name. | _ , | SIMON DAVID | |
| †† Tick this box if the address shown is a service address for | Forename(s) | | |
| | Forename(s) Surname | POULTER | |
| the beneficiary of a Confidentiality Order granted under section | () | POULTER PARK FARM | |
| Confidentiality Order granted under section 723B of the Companies Act 1985 | Surname | | |
| Confidentiality Order granted under section 723B of the | Surname | | |
| Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case | Surname Address 11 | PARK FARM | |

| Directors Please list directors | in alphabetical order. | Details of new directors must be notified on form 288a |
|--|------------------------|--|
| | Name * Style / Title | e DR |
| Directors In the cas of a director that is a corporation or a | s e | Day Month Year |
| Scottish firm, the name is the corporat or firm name. | Date of birtle | / 0 8 / 1 9 6 5 |
| or min name. | Forename(s | RICHARD JAMES |
| †† Tick this box if the address shown is a service address for | Surname | e [SELF |
| the beneficiary of a Confidentiality Order | Address # | 13 LON CAE PORTH |
| granted under section 723B of the Companies Act 1985 | ' <u> </u> | |
| otherwise, give your usual residential address. In the case of a corporation or | Post town | CARDIFF |
| Scottish firm, give the registered or principa office address. | | UK Postcode C F 1 4 6 Q L |
| | Country | Nationality BRITISH |

| Directors Please list directors in | n alphab | etical order. | Details of new directors must be notified on form 288a |
|---|----------|---------------------------|--|
| ı | Name | * Style / Title | 0 |
| Directors In the case of a director that is a corporation or a | e | | Day Month Year |
| Scottish firm, the name is the corporate or firm name. | • | Date of birth Forename(s) | / 0 9 / 1 9 5 7 DAVID GARY |
| †† Tick this box if the address shown is a | | Surname | THOMAS |
| service address for the beneficiary of a Confidentiality Order granted under section | | Address # | 4 BROOKFIELD PARK ROAD |
| 723B of the Companies Act 1985 otherwise, give your | | J | BROOKFIELD PARK |
| usual residential address. In the case of a corporation or Scottish firm, give the | | Post town | COWBRIDGE |
| registered or principal office address. | | County / Region | VALE OF GLAMORGAN UK Postcode C F 7 1 7 H J |
| | | Country | Nationality BRITISH |
| Business occupation | | ess occupation | ANAESTHETIST |
| Directors Please list directors in | n alphab | etical order. | Details of new directors must be notified on form 288a |
| ı | Name | * Style / Title | DR |
| Directors In the case of a director that is a corporation or a Scottish firm, the | • | Date of birth | Day Month Year _ / 0 8 / 1 9 6 8_ |
| name is the corporate or firm name. | 1 | | JONATHAN CRAIG |
| †† Tick this box if the address shown is a | | Surname | WILLIAMS |
| service address for the beneficiary of a Confidentiality Order | A | Address # | TY LLANGOED |
| granted under section 723B of the Companies Act 1985 otherwise, give your | | | 13 EGLWYS NUNYDD, MARGHAM |
| usual residential address. In the case of a corporation or | | Post town | PORT TALBOT |
| Scottish firm, give the registered or principal office address. | | County / Region | NEATH PORT TALBOT UK Postcode C A 1 3 2 P S |
| | | Country | Nationality BRITISH |

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/Preterence) | Number of shares issue | | 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 | L | 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 t | he period | | |
| | A list of changes is enclose | on pape | er in : | another format |
| | A full list of shareholders is | enclosed | | |
| Certificate | I certify that the informatio knowledge and belief. | n given in this retu | ırn is tro | ue to the best of my |
| 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 | (enter number) | cont | inuation sheets. |
| 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. | DY number | Tel | | |

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 issue | | 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 | L | 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 t | he period | | |
| | A list of changes is enclose A full list of shareholders is | | r in a | another format |
| Certificate | I certify that the informatio knowledge and belief. | n given in this retu | ırn is tru | ue to the best of my |
| Oi man al | | | Data | |
| Signed † Please delete as appropriate. | † a director / secretary | | Date | |
| 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 | (enter number) | conti | inuation sheets. |
| 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. | DV number 1 | Tel DY exchange | . 1 | |

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 | L | 1 1.00 |
| | ORDINARY L | 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 t | | |
| | A list of changes is enclose A full list of shareholders is | | in another format |
| Certificate | I certify that the information knowledge and belief. | on given in this return i | is true to the best of my |
| Ciamad | , | | |
| † Please delete as appropriate. | † a director / secretary | | ate |
| 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 | (enter number) | continuation sheets. |
| 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 | 1 | | |
| form. The contact information that you give will be visible to searchers of the public record. | L | Tel | |
| | DX number | DX exchange | |

Share Capital Conhadation (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 | | 1.00 |
| | ORDINARY Q | | 1.00 |
| | ORDINARY R | | 1.00 |
| | ORDINARY S | | 1.00 |
| | Totals | 2: | 3 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 | There were no changes in t | he period | |
| returns. | A list of changes is enclosed A full list of shareholders is | d | another format |
| Certificate | I certify that the informatio knowledge and belief. | n given in this return is t | rue to the best of my |
| 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 | (enter number) | ntinuation sheets. |
| You do not have to give any contact information in the box opposite but if | 1 | | |
| 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 | |

| 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 | L | 1_ | 1.00 |
| | ORDINARY U | | 1 | 1.00 |
| | ORDINARY V | L | 1 | 1.00 |
| | | L | | |
| | 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 | | |
| | A list of changes is enclose | | in a | nother format |
| | A full list of shareholders is | enclosed | | |
| Certificate | I certify that the information knowledge and belief. | on given in this return | n is tru | e to the best of my |
| 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 | (enter number) | conti | nuation sheets. |
| 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 | | |

PEAPOD LEGALOFFICE LTD.

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 stoc (if appropriate) Class and number of shares or amount of stock transferred | |
|--|---|---|--|
| Name OWEN BENJAMIN Address _ 75 Ty Mawr Road, Llandaf North _ Cardiff L UK Postcode C F 1 4 2 F P | 1 ORDINARY S | | |
| Name HARVEY CAESAR Address 18 Ty Westonia, Chandlers Quay Pier Head View, Penarth Cardiff UK Postcode C F 6 4 1 5 J | 1 ORDINARY Q | | |
| Name MONICA CHAWATHE Address 21 Llewelyn Goch Parc Rhydlafer UK Postcode C F 5 6 H R | 1 ORDINARY R | | |

Company Number 04688740

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

| COMPANY MUNDER | Com | pany | Number |
|----------------|-----|------|--------|
|----------------|-----|------|--------|

| Shareholders' details | Class and number of shares | Shares or amount of stock transferred (if appropriate) | | |
|---------------------------------------|----------------------------|---|--|--|
| Shareholders details | or amount of stock held | Class and number of shares or amount of stock transferred | Date of registration of transfer | |
| Name PRIMINORE SINGH GATAURE | 1 ORDINARY H | | | |
| Address _42 Friars Road | | | | |
| Newport | | | | |
| LIK Postedo N. D. 2. O. 4. E. 7 | | | | |
| UK Postcode N P 2 0 4 E Z | | | | |
| PAT HALLUM | 1 ORDINARY E | | | |
| Address _4 Brookfield Park _Cowbridge | | | | |
| Vale of Glamorgan | | | | |
| UK Postcode C F 7 1 7 H J | | | | |
| Name LANDREW HARRISON | 1 ORDINARY C | | | |
| Address _17 Bessant Close _Cowbridge | | | | |
| ∠Vale of Glamorgan | | | | |
| UK Postcode _C _F _Z _LIZ _LH _P | | | | |
| Name KATHERINE LUCY HOWELLS | 1 ORDINARY P | | | |
| Address _Highfield House _Bridge Road | | | | |
| _Llanblethian, Cowbridge | | | | |
| UK Postcode C F 7 L Z L G | | | | |
| Name LANN CATHERINE HUGHES | 1 ORDINARY B | | | |
| Address Barn Cottage | | | | |
| St Mary Church | | | | |
| Cowbridge | | | | |
| UK Postcode C F Z L Z LLT | | | | |

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 C F 6 4 3 D D | 1 ORDINARY L | | |
| Name NATALIE MORGAN Address 6 Sandy Lane Ystradoen South Glamorgan UK Postcode C F 7 1 7 T Z | 1 ORDINARY U | | |
| Name KAY MORRIS Address 71 Park Street L Bridgend UK Postcode C F 3 1 4 A Z | ORDINARY T | | |
| Name MARGARET J K OSBORNE Address 141 Lowther Avenue Culcheth Nr Warrington, Cheshire UK Postcode W A 3 L 4 J R | ORDINARY A | | |
| Name L'ANTONIA PARRY Address 9 The Retreat Porthcawl South Glamorgan UK Postcode C F 3 6 3 R LU | ORDINARY V | | |

Company Number 04688740

| | Class and number of shares or amount of stock held | Shares or amount of stock transferred (if appropriate) | |
|---|---|---|----------------------------------|
| Shareholders' details | | Class and number of shares or amount of stock transferred | Date of registration of transfer |
| Name DAFYDD PARRY | ORDINARY J | | |
| Address _17 Heol Pon _Whitchurch _Cardiff | | | |
| UK Postcode C F 1 4 2 A R | | | |
| Name SIMON DAVID POULTER Address Park Farm Tondu Bridgend UK Postcode C F 3 2 0 E H | ORDINARY D | | |
| Name HELEN ELIZABETH REID Address 8 Hawthorne Avenue Swansea UK Postcode S A 2 0 0 L P | ORDINARY O | | |
| Name MARY SELF Address _17 Low Cae _Porth _Cardiff UK Postcode _C _F _1 _4 _6 _O _L | ORDINARY I | | |
| Name HELEN ELIZABETH WILLIAMS Address Ty Llangoed 13 Eglwys Nunydd Margam Port Talbot UK Postcode C A 1 3 2 P S | ORDINARY K | | |