RP04

Second filing of a document previously delive

What this form is for
You can only use this form to file
a second filing of a document
delivered under the Companies Act
2006 on or after 1 October 2009
that held inaccuracies.

A second filing of a document must only be filed where it is providing corrected information that has been properly delivered but inaccuracies still appear on the register. What this form is NOT for You cannot use this form to fil second filing of a document dunder the Companies Act 198 the Companies (Northern Irela Order 1986 regardless of when delivered.

A second filing of a document cannot be filed where it is correcting information that was originally not properly delivered. Form RP01 must be used in these circumstances.

AA3YJEVH
A15 06/05/2021 #10
COMPANIES HOUSE
A916ECT7

A10 19/03/2020 COMPANIES HOUSE *A90GZRH7*

A04

09/03/2020 #188 COMPANIES HOUSE

#348

| Company details | | | |
|----------------------|--------------------------------|--|--|
| Company number | 0 4 6 8 8 7 4 0 | → Filling in this form Please complete in typescript or in | |
| Company name in full | BRIDGEND ANAESTHETISTS LIMITED | bold black capitals. | |
| | | All fields are mandatory unless specified or indicated by * | |

Applicable documents

| This for | m only applies to the following forms: |
|----------|---|
| AP01 | Appointment of director |
| AP02 | Appointment of corporate director |
| AP03 | Appointment of secretary |
| AP04 | Appointment of corporate secretary |
| CH01 | Change of director's details |
| CH02 | Change of corporate director's details |
| CH03 | Change of secretary's details |
| CH04 | Change of corporate secretary's details |
| TM01 | Termination of appointment of director |
| TM02 | Termination of appointment of secretary |
| SH01 | Return of allotment of shares |
| AR01 | Annual Return |
| CS01 | Confirmation statement (Parts 1-4 only) |
| PSC01 | Notice of individual person with significant control (PSC) |
| PSC02 | Notice of relevant legal entity (RLE) with significant control |
| PSC03 | Notice of other registrable person (ORP) with significant control |
| PSC04 | Change of details of individual person with significant control (PSC) |
| PSC05 | Change of details of relevant legal entity (RLE) with significant control |
| PSC06 | Change of details of other registrable person (ORP) with significant control |
| PSC07 | Notice of ceasing to be a person with significant control (PSC), relevant legal entity (RLE), or other registrable person (ORP) |
| PSC08 | Notification of PSC statements |
| PSC09 | Update to PSC statements |

RP04

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| 3 | Description of the original document | |
|---|--------------------------------------|--|
| Date of registration or the original document | | ◆ Description of the original document Please enter the document type (e.g. a Return of allotment of shares—SH01) and any distinguishing information if more than one document of that type was filed on the same day. |
| | | |

Section 243 or 790ZF Exemption 9

If you are applying for, or have been granted, exemption under section 243 or 790ZF of the Companies Act 2006 and the document(s) you are updating contain(s) your usual residential address, please post this form along with the updated document(s) to the address below:

The Registrar of Companies, PO BOX 4082, Cardiff, CF14 3WE.

If you are currently in the process of applying for or have been granted a Section 243 or 790ZF exemption, you may wish to check that you have not entered your usual residential address as the service address in the accompanying form (e.g. AP01 or CH01).

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Presenter information

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

| Contact name | ELB/R508-8 |
|---------------|-------------------------|
| Company name | BERRY SMITH LLP |
| | |
| Address | HAYWOOD HOUSE, DUMFRIES |
| PLACE | |
| <u>-</u> | |
| Post town | CARDIFF |
| County/Region | |
| Postcode | C F 1 0 3 G A |
| | |
| Country | |
| DX | 33097 CARDIFF 1 |

✓ Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- ☐ The company name and number match the information held on the public Register.
- You can only use this form to file a second filing of a document delivered to the Registrar of Companies under the Companies Act 2006 on or after
 October 2009 that held inaccuracies.
- If you are updating a document where you have previously paid a fee, do not send a fee along with this form.
- You have enclosed the second filed document(s).
 If the company to which this document relates has signed up to the PROOF (PROtected Online Filing) scheme, you must also deliver with this form, and the second filed document(s), a PRO3 form 'Consent for paper filing.'

Important information

Please note that all information on this form will appear on the public record.

Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:

For companies registered in England and Wales: The Registrar of Companies, Companies House,

Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.

For companies registered in Scotland:

The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF. DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post).

For companies registered in Northern Ireland:

The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG. DX 481 N.R. Belfast 1.

Section 243 or 790ZF exemption

If you are applying for or have been granted a section 243 or 790ZF exemption, please post this whole form to the different postal address below:
The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE.

Further information

For further information, please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse

AR01 2015

| | Go online to file this information www.gov.uk/companieshouse A fee is payable with this form Please see 'How to pay' on the last page. | | | | |
|--------------------------------------|---|---|--|--|--|
| | What this form is for You may use this form to confirm that the company information is correct as at the date of this return. You must file an Annual Return at least once every year. What this form is NOT for You cannot use this form to give notice of changes to the company officers, registered office address, company type or information relating to the company records. | For further information, please refer to our guidance at www.gov.uk/companieshouse | | | |
| Part 1 | Company details | | | | |
| | The section must be completed by all companies. | → Filling in this form Please complete in typescript or in bold black capitals. All fields are mandatory unless specified or indicated by * | | | |
| A1 | Company details | | | | |
| Company number Company name in full | 0 4 6 8 8 7 4 0 BRIDGEND ANAESTHETISTS LIMITED | Tompany name change if your company has recently changed its name, please provide the company name as at the date of this return. | | | |
| A2 | Return date | | | | |
| Date of this return ❷ | Please give the annual return made up date. The return date must not be a future date. The annual return must be delivered within 28 days of the date given below. d 0 6 m 3 y 2 y 0 y 1 y 1 1 1 1 1 1 1 1 | Opate of this return Your company's return date is usually the anniversary of incorporation or the anniversary of the last annual return filed at Companies House. You may choose an earlier return date but it must not be a later date. | | | |
| A3 | Principal business activity | | | | |
| | Please show the trade classification code number(s) for the principal activity or activities. | Principal business activity You must provide a trade classification code (SIC code 2007) | | | |
| Classification code 1 | 8 5 1 2 | or a description of your company's main business in this section. | | | |
| Classification code 2 | | A full list of the trade classification | | | |
| Classification code 3 | | codes are available on our website: www.gov.uk/companieshouse | | | |
| Classification code 4 | | | | | |
| | If you cannot determine a code, please give a brief description of your business activity below: | | | | |
| Principal activity description | | | | | |

| A4 | Company type | |
|----------------------|---|--|
| | Please confirm your company type by ticking the appropriate box below (only one box must be ticked): Public limited company Private company limited by shares Private company limited by guarantee Private company limited by shares exempt under section 60 Private company limited by guarantee exempt under section 60 Private unlimited company with share capital Private unlimited company without share capital | ● Company type If you are unsure of your company type, please check your latest certificate of incorporation or our website: www.gov.uk/companieshouse |
| A5 | Registered office address® | <u> </u> |
| Building name/number | BERRY SMITH CORPORATE | ② Change of registered office |
| Street | HAYWOOD HOUSE DUMFRIES PLACE | This must agree with the address that is held on the Companies House record at the date of this return. |
| Post town | CARDIFF | If the registered office address has changed, you should complete form |
| County/Region | Ortion (| AD01 and submit it together with |
| | | this annual return. |
| Postcode | C F 1 0 3 G A | |
| 46 | Single alternative inspection location (SAIL) of the company re | cords (if applicable) |
| Building name/number | | SAIL address This must agree with the address that is held on the Companies House record at the date of this return. |
| Street | | |
| Post town | | If the address has changed, you should complete form AD02 and submit it together with this annual |
| County/Region | | return. |
| Postcode | | |
| A7 | Location of company records 0 | |
| _ | Please tick the appropriate box to indicate which records are kept at the SAIL address in Section A6: Register of people with significant control. Register of members. Register of directors. | ♠ Location of company records If the company records are held at the registered office address, do not tick any of the boxes in this section. Certain records must be kept by |
| 1 | Directors' service contracts. Directors' indemnities. | every company while other records are only kept by certain company types where appropriate. |
| Ē | Register of secretaries. Records of resolutions etc. Contracts relating to purchase of own shares. | If the records are not kept at the SAIL address, they must be available at the registered office. |
| | Documents relating to redemption or purchase of own share out of capital by private company. Register of debenture holders. Report to members of outcome of investigation by public company into interests in its shares. | If any of the company records have moved from the registered office to the address in Section A6 since the last annual return, you must complete form AD03 and submit it together with this annual return. |
| | Register of interests in shares disclosed to public company. Instruments creating charges and register of charges: England and Wales or Northern Ireland. | |
| ı | Instruments creating charges and register of charges: Scotland. | 1 |

Annual Return

Part 2 Officers of the company

This section should include details of the company as at the made up date of this annual return. All details must agree with those previously notified to Companies House.

Corporate officers

- → For a corporate secretary, go to Section B1
- → For a corporate director, go to Section C1

Individual officers

- → For a secretary who is an individual, go to Section D1
- → For a director who is an individual, , go to Section E1 and also complete Part 3

New appointments

You cannot use this form to appoint new officers to the company. To do this, please complete the appropriate form and submit it together with this annual return:

- AP01 for directors who are individuals
- AP02 for a corporate director
- AP03 for secretaries who are individuals
- AP04 for a corporate secretary

Change to officer details

You cannot use this form to change any officer details. To do this, please complete the appropriate form and submit it together with this annual return:

- CH01 for changes to details of directors who are individuals
- CH02 for changes to details of a corporate director
- · CH03 for changes to details of secretary who are individuals
- CH04 for changes to details of a corporate secretary

Continuation pages

Please use a continuation page if you need to enter more officar details.

Annual Return

Corporate secretary

| B1 | Corporate secretary's details • | |
|---|---|---|
| | Please use this section for corporate secretaries of the company. For a secretary who is an individual, complete Section D1-D2. | Corporate secretary appointments You cannot use this form to appoint |
| Corporate body/firm name | BERITH (SECRETARIES) LIMITED | a corporate secretary. To do this, please complete form AP04 and submit it together with this annual return. |
| Building name/number | HAYWOOD HOUSE | Corporate secretary details |
| Street | DUMFRIES PLACE | All details must agree with those previously notified to Companies House. If you have made changes since the last annual return and have |
| Post town | CARDIFF | not notified us, please complete form CH04. |
| County/Region | | This information will appear on the |
| Postcode | C F 1 0 3 G A | public record. Continuation pages |
| Country | | Please use a continuation page if you need to enter more officer details. |
| B2 | Location of the registry of the corporate body or firm | |
| | Is the corporate secretary registered within the European Economic Area (EEA)? → Yes Complete Section B3 only → No Complete Section B4 only | |
| B3 | EEA companies♥ | |
| | Please give details of the register where the company file is kept (including the relevant state) and the registration number in that register. | ♠ EEA A full list of countries of the EEA can be found in our guidance; |
| Where the company/ firm is registered | ENGLAND/WALES | www.gov.uk/companieshouse This is the register mentioned in |
| | | Article 3 of the First Company Law Directive (68/151/EEC). |
| Registration number | 02958053 | |
| B4 | Non-EEA companies | |
| | Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register. | Where you have provided details of the register (including state) where the company or firm is registered, you must also provide its number in |
| Legal form of the corporate body or firm | | that register. |
| Governing law | | |
| If applicable, where the company/firm is registered | | |
| If applicable, the registration number | | |
| | | |

Annual Return

Corporate director

| C1 | Corporate director's details • | |
|--|---|--|
| | Please use this section for corporate directors of the company. For a director who is an individual, complete Section E1-E2 and Part 3. | O Corporate director appointments You cannot use this form to appoint a corporate director. To do this, |
| Corporate body/firm name | | please complete form AP02 and submit it together with this annual return. |
| Building name/number | | Corporate director details All details must agree with those |
| Street | | previously notified to Companies House, if you have made changes since the last annual return and have not notified us, please complete |
| Post town | | form CH02. |
| County/Region | | This information will appear on the public record. |
| Postcode Country | | Continuation pages Please use a continuation page if you need to enter more officer |
| | | details. |
| C2 | Location of the registry of the corporate body or firm | I |
| 02 | Is the corporate director registered within the European Economic Area (EEA)? | . |
| | → Yes Complete Section C3 only | |
| | → No Complete Section C4 only | |
| C3 | EEA companies o | |
| | Please give details of the register where the company file is kept (including the relevant state) and the registration number in that register. | ♠ EEA A full list of countries of the EEA can be found in our guidance: www.gov.uk/companieshouse |
| Where the company/ irm is registered | | This is the register mentioned in Article 3 of the First Company Law |
| Registration number | | Directive (68/151/EEC). |
| C4 | Non-EEA companies | |
| | Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register. | Where you have provided details of the register (including state) where the company or firm is registered, you must also provide its number in |
| Legal form of the corporate body or firm | | that register |
| Governing law | | |
| If applicable, where the company/firm is registered | | |
| If applicable, the registration number | | |
| | | |

| Se | CI | e | ta | ry |
|----|----|---|----|----|
| | | | | |

| D1 | Secretary's details [®] | |
|------------------------|--|--|
| | Please use this section for individual secretaries of the company. For a corporate secretary, complete Section B1-B4. | Secretary appointments You may not use this form to appoint a secretary. To do this, |
| Title* | | please complete form AP03 and submit it together with this annual |
| Full forename(s) | | return. |
| Surname Former name(s) | | Corporate details Please use Section B1-B4 to enter corporate secretary details. |
| Torrier rights,5 | | Secretary details All details must agree with those previously notified to Companies House. If you have made changes since the last annual return and have not notified us, please complete form CH03. |
| | | Promer name(s) Please provide any previous names (including maiden or married names which have been used for business purposes during the period of this return. |
| | | Continuation pages Please use a continuation page if you need to enter more officer details. |
| D2 | Secretary's service address € | |
| Building name/numbe | er | Service address If you have previously notified |
| Street | | Companies House that the service address is at The Company's Registered Office', please state 'The |
| Post town | | Company's Registered Office' in the address. |
| County/Region | | This information will appear on the public record. |
| Postcode | | public record. |
| Country | | |
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| E1 | Director's details • | | | |
|------------------------------|---|--|--|--|
| 131 | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please | | |
| Title* | DR | complete form AP01 and submit it together with this annual return. | | |
| Full forename(s) | PAULO FRANCESCO GIUSEPPE | Corporate details | | |
| Sumame | ANTONIAZZI | Please use Section C1-C4 to enter corporate director details. | | |
| Former name(s) | | Director details All details must agree with those previously notified to Companies | | |
| Country/State of residence | UNITED KINGDOM | House. If you have made changes since the last annual return and have not notified us, please | | |
| Nationality | BRITISH | complete form CH01. | | |
| Month/year of birth | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Please provide any previous names | | |
| Business occupation (if any) | ANAESTHETIST | (including maiden or married names) which have been used for business purposes during the period of this return. | | |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. Continuation pages Please use a continuation page if you need to enter more officer details. | | |
| E2 | Director's service address® | | | |
| Building name/number | 17 | Service address | | |
| Street | TY WINDSOR | If you have previously notified Companies House that the service | | |
| | MARCONI AVENUE | address is at 'The Company's Registered Office', please state 'The | | |
| Post town | PENARTH | Company's Registered Office' in the address. | | |
| County/Region | VALE OF GLAMORGAN | This information will appear on the | | |
| | - | public record. | | |
| Postcode | C F 6 4 1 S T | | | |

Annual Return

| Title* DR Full forename(s) FIONA Surname BENJAMIN Former name(s)* Former name(s)* Country/State of residence Nationality Month/year of birth Business occupation (if any) ANAESTHETIST Business occupation (if any) Director's service address* Building name/number Street ST JOHNS CRESCENT WHITCHURCH Post town CARDIFF Country/Region SOUTH GLAMORGAN Postcode CF 1 4 7 A F | E1 | Director's details ® | | | |
|--|----------------------|---|---|--|--|
| True Dri Intername(s) FIONA FIONA FIONA FIONA FIONA FIONA Corporate details Director details Please use Section C1-C4 to enter corporate director details. Director details Direc | | | | | |
| FUNA Surname BENJAMIN Former name(s) BENJAMIN Former name(s) Country/State of residence Nationality BERITISH Month/year of birth Business occupation (if any) ANAESTHETIST ANAESTHETIST ANAESTHETIST Director's service address Building name/number Street ST JOHNS CRESCENT WHITCHURCH Post town Country/Region SOUTH GLAMORGAN Former name(s) Corporate details Please use Section C1-C4 to enter corporate director details. All details must agree with those previously notified to Companies House, if you have made changes since the last annual return and have not notified us, please complete form CH01. Former name(s) ANAESTHETIST Building and may not birth Please provide moration anges purposes during the period of this return. ANAESTHETIST ANAESTHETIST Building and may not birth Please provide moration anges purposes during the period of this return. Building and may not birth Please use a confination page if you need to enter more officer details. Continuation page Please used for house and the service address if you have previously notified if you have previously notified if you have previously notified if y | Title* | DR | complete form AP01 and submit it | | |
| Sumame BENJAMIN | Full forename(s) | FIONA | Corporate details | | |
| All details must agree with those previously notified to Companies House, if you have made changes since the last annual return and have not notified us, please complete form CH01. Business occupation (if any) ANAESTHETIST | Surname | BENJAMIN | 1 | | |
| Country/State of residence Nationality BRITISH Month/year of birth Rusiness occupation (if any) NALESTHETIST NALESTHETIS | Former name(s) | | All details must agree with those | | |
| Month/year of birth Month/year of birth Month/year of birth Month/year of birth Month and year of birth Pease provide month and year only. Provide full date of birth in Part 3 only. Continuation pages Please use a continuation page Please provide and year only. Post town CARDIFF County/Region SOUTH GLAMORGAN This information will appear on the public record. | | UNITED KINGDOM | since the last annual return and have not notified us, please | | |
| Month/year of birth Business occupation (if any) ANAESTHETIST ANAESTH | Nationality | BRITISH | | | |
| Business occupation (if any) ANAESTHETIST Which have been used for business purposes during the period of this return. Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. Continuation pages Please use a continuation page if you need to enter more officer details. Director's service address Building name/number Street Street St JOHNS CRESCENT WHITCHURCH Post town CARDIFF County/Region SOUTH GLAMORGAN Postcode C F 1 4 7 A F | Month/year of birth | X $\begin{bmatrix} m \\ 0 \end{bmatrix}$ $\begin{bmatrix} m \\ 7 \end{bmatrix}$ $\begin{bmatrix} y \\ 1 \end{bmatrix}$ $\begin{bmatrix} y \\ 9 \end{bmatrix}$ $\begin{bmatrix} y \\ 7 \end{bmatrix}$ $\begin{bmatrix} y \\ 1 \end{bmatrix}$ | Please provide any previous names | | |
| Month and year of birth Please provide month and year of birth Please provide full date of birth in Part 3 only. Continuation pages Please use a continuation page if you need to enter more officer details. E2 Director's service address Building name/number 27 Street Street Stryound St | | ANAESTHETIST | which have been used for business purposes during the period of this | | |
| Building name/number 27 Street ST JOHNS CRESCENT WHITCHURCH Post town CARDIFF County/Region SOUTH GLAMORGAN Postcode C F 1 4 7 A F | | | Please provide month and year only. Provide full date of birth in Part 3 only. Continuation pages Please use a continuation page if you need to enter more officer | | |
| Street ST JOHNS CRESCENT WHITCHURCH Post town CARDIFF County/Region SOUTH GLAMORGAN Postcode C F 1 4 7 A F | E2 | Director's service address@ | <u></u> | | |
| Street ST JOHNS CRESCENT WHITCHURCH Post town CARDIFF Company's Registered Office', please state 'The Company's Registered Office' in the address. This information will appear on the public record. | Building name/number | 27 | - | | |
| WHITCHURCH Post town CARDIFF Company's Registered Office', please state 'The Company's Registered Office' in the address. County/Region SOUTH GLAMORGAN Postcode C F 1 4 7 A F | Street | ST JOHNS CRESCENT | Companies House that the service | | |
| Post town CARDIFF address. County/Region SOUTH GLAMORGAN Postcode C F 1 4 7 A F | | WHITCHURCH | Registered Office', please state 'The | | |
| Postcode C F 1 4 7 A F | Post town | CARDIFF | | | |
| Postcode C F 1 4 7 A F | County/Region | SOUTH GLAMORGAN | • | | |
| Country | Postcode | C F 1 4 7 A F | pablic record. | | |
| | Country | | | | |
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Annual Return

| Title* DR Full forename(s) MICHAEL Surname BRETLAND Former name(s)** Country/State of residence Nationality BRITISH Month/year of birth** Business occupation (if any) ANAESTHETIST Director's service address* Building name/number Street COITY ROAD BRIDGEND ARIONALE Corporate details. Corporate details Please use Section CT-Cocporate director, details. All details must agree with previously notified to Complete form CH01. Director details All details must agree with previously notified to Complete form CH01. Director details All details must agree with previously notified to Complete form CH01. Pormer name(s) Pormer name(s) | For a corporate director, complete Section C1-C4. DR differename(s) MICHAEL ATTRIAND DIRECTOR (SINGEDOM BRETLAND DIRECTOR (SINGEDOM BRITISH DIRECTOR (SINGEDOM BRITISH DIRECTOR (SINGEDOM BRITISH ANAESTHETIST DIRECTOR (SINGEDOM BRITISH DIRECTOR (SINGEDOM BRITISH ANAESTHETIST DIRECTOR (SINGEDOM BRITISH DIRECTOR (SINGEDOM BRITISH DIRECTOR (SINGEDOM BRITISH DIRECTOR (SINGEDOM BRITISH BRITISH DIRECTOR (SINGEDOM BRITISH BRIT | this form to r. To do this, pleas P01 and submit it |
|--|--|--|
| Full forename(s) MICHAEL Surname BRETLAND BRETLAND Country/State of residence Nationality BRITISH Month/year of birth Business occupation (if any) ANAESTHETIST ANAESTHETIST Director's service address Building name/number DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Street COITY ROAD MICHAEL Corporate details Please use Section C1-C corporate director details. Director details All details must agree with previously notified to Componite form CH01. Please provide annual return have not notified us, pleas complete form CH01. Please provide any previce (including madeen or man with have been used for purposes during the perior return. Onth and year of birth Para 3 only. Continuation pages Please use a continuation if you need to enter more details. Building name/number DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Street COITY ROAD DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Tyou have previously not companies is at The Compa Registered Office*, please Company's Registered Office*, please Company's Registered Office*. This information will appea. This information will appea. This information will appea. | Intername(s) MICHAEL MICHAEL | |
| Full forename(s) Surname BRETLAND BRETLAND Corporate details Please use Section C1-C corporate director details All details must agree with previously notified to Com House, if you have made since the last annual retur have not notified us, please complete form CN01. Business occupation (if any) ANAESTHETIST Business occupation (if any) ANAESTHETIST Director's service address Building name/number DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Street COITY ROAD Corporate details Please use section C1-C corporate director details Please use a getting All details must agree with previously notified to Com House, if you have made since the last annual retur have not notified us, please complete form CN01. Former name(s) Please provide any previously (including maiden or mar which have been used to purposes during the perio return. Month and year of birth Please provide full date of birth in Part 3 only. Continuation pages Please use a continuation if you need to enter more details. Street COITY ROAD DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Street COITY ROAD The companies House that the address is at "The Compa Registered Office", please Company's Registered Office", please Company's Registered Office of Please Company's Registe | ANAESTHETIST Director's service address ANAESTHETIST Director's service address COrporate details Please use Section C1-C4 to enter corporate director details. Director details All details must agree with those previously notified to Companies House. If you have made changes since the last annual return and have not notified us, please complete from CH01. Former name(s) BRITISH Onth/year of birth ANAESTHETIST ANAESTHETIST Director's service address Idlinging name/number Teret COITY ROAD DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL COTTY ROAD BRIDGEND DIRECTORY Service address This information will appear on the public record. This information will appear on the public record. | |
| Surname BRETLAND | Director's service address Exit Down Director's service address Director's service address Director's service address Exit Down Director's service address Director | |
| All details must agree with revision provided to Composite form Ch01. Country/State of residence Nationality BRITISH Month/year of birth Month/year of birth ANAESTHETIST Business occupation (if any) ANAESTHETIST ANAESTHETIST ANAESTHETIST Director's service address Building name/number Street COITY ROAD COITY ROAD All details must agree with previously notified to Company's Registered Office', please | All details must agree with those previously notified to Companies since the last annual return and have not notified to; please complete form CH01. BRITISH Onth/year of birth ANAESTHETIST ANAESTHETIST ANAESTHETIST ANAESTHETIST ANAESTHETIST ANAESTHETIST ANAESTHETIST ANAESTHETIST ANAESTHETIST Director's service address Please use a continuation page if you need to enter more officer details. Director's service address CONTY ROAD DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Treet COTTY ROAD BRIDGEND DIRECTORY ROAD BRIDGEND DIRECTORY Seguitable and the service address. This information will appear on the public record. This information will appear on the public record. This information will appear on the public record. | |
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| Business occupation (if any) ANAESTHETIST | onth/year of birth ausiness occupation any) ANAESTHETIST | |
| Business occupation (if any) ANAESTHETIST Month and year of birth please provide month and Provide full date of birth in Part 3 only. Continuation pages Please use a continuation if you need to enter more details. Director's service address Building name/number DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL COITY ROAD COITY ROAD BRIDGEND BRIDGEND ANAESTHETIST which have been used for purposes during the period return. Street Continuation pages Please use a continuation if you need to enter more details. Service address If you have previously not Companies House that the address is at 'The Companies House that the address is at 'The Companies Registered Office', please Company's Regi | ANAESTHETIST ANAESTHETIST which have been used for business purposes during the period of this return. Month and year of birth Please provide month and year only Provide full date of birth in Part 3 only. Continuation pages Please use a continuation page if you need to enter more officer details. Director's service address DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL formpany's Registered Office, please state 'The Company's Regis | ny previous name |
| Month and year of birth Please provide month and Provide full date of birth in Part 3 only. Continuation pages Please use a continuation if you need to enter more details. Building name/number DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Street COITY ROAD Post town BRIDGEND BRIDGEND Month and year of birth Please provide month and Provide full date of birth in Part 3 only. Continuation pages Please use a continuation if you need to enter more details. Service address If you have previously not Companies House that the address is at 'The Companies House that the addres | Director's service address DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Treet COITY ROAD DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Treet COITY ROAD DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL COITY ROAD DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Treet COITY ROAD DIRECTOR'S SERVICE ADDRESS If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office', please state 'The Company's Registered Office' in the address. This information will appear on the public record. | used for business |
| Please use a continuation if you need to enter more details. Building name/number DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Street COITY ROAD COITY ROAD BRIDGEND BRIDGEND Post town BRIDGEND Please use a continuation if you need to enter more details. Service address If you have previously not Companies House that the address is at 'The Companies Company's Registered Office', please Company's Registered Office', please Company's Registered Office' address. This information will appear | Please use a continuation page if you need to enter more officer details. Director's service address ididing name/number DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Treet COITY ROAD DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL To set town BRIDGEND DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the address. This information will appear on the public record. | nonth and year onl of birth in |
| Building name/number DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL Street COITY ROAD Companies House that the address is at 'The Companes House that the address is at 'The Company's Registered Office', please Company's Re | DEPARTMENT OF ANAESTHETICS PRINCESS OF WALES HOSPITAL COITY ROAD COITY ROAD BRIDGEND Dunty/Region C F 3 1 1 R Q COITY ROAD COITY ROAD Service address If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the address. This information will appear on the public record. | ntinuation page |
| Street COITY ROAD Companies House that the address is at 'The Companies' Registered Office', please Company's Registered | ff you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'Th Company's Registered Office' in the address. This information will appear on the public record. | |
| Street COITY ROAD Companies House that the address is at 'The Companies' office', please Company's Registered Office', p | COITY ROAD Companies House that the service address is at 'The Company's Registered Office', please state 'Th Company's Registered Office' in the address. Cunty/Region Outly/Region | |
| Post town BRIDGEND Company's Registered Of address. County/Region This information will appear | Dest town BRIDGEND Company's Registered Office' in the address. This information will appear on the public record. | se that the service e Company's |
| | public record. | |
| public record. | stcode C F 3 1 1 R Q | will appear on the |
| Postcode C F 3 1 1 R Q | puntry | |
| Country | | |
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| Postcode C F 3 1 1 R Q Country | | |

Annual Return

| E1 | Director's details • | |
|------------------------------|---|--|
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | HARVEY | Corporate details |
| Surname | CAESAR | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House, If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X 7 0 7 1 9 7 6 7 9 | Former name(s) Please provide any previous names |
| Business occupation (if any) | ANAESTHETIST | (including maiden or married names) which have been used for business purposes during the period of this return. |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. Continuation pages Please use a continuation page if you need to enter more officer details. |
| E2 | Director's service address® | |
| Building name/number | 18 | Service address |
| Street | TY WESTONIA CHANDLERS QUAY | If you have previously notified Companies House that the service |
| | PIERHEAD VIEW | address is at 'The Company's Registered Office', please state 'The |
| Post town | PENARTH MARINA | Company's Registered Office' in the address. |
| County/Region | VALE OF GLAMORGAN | This information will appear on the |
| Postcode | C F 6 4 1 S J | public record. |
| Country | | |
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Annual Return

| E1 | Director's details ● | |
|------------------------------|---|---|
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | MONICA | Corporate details |
| Surname | CHAWATHE | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies House. If you have made changes |
| Country/State of residence | UNITED KINGDOM | since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X ^m 0 ⁿ 6 ^y 1 ^y 9 ^y 7 ^y 0 | Please provide any previous names |
| Business occupation (if any) | ANAESTHETIST | (including maiden or married names) which have been used for business purposes during the period of this return. |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |
| | | Continuation pages Please use a continuation page if you need to enter more officer details. |
| E2 | Director's service address@ | |
| Building name/number | 21 | O Service address |
| Street | LLEWELYN GOCH | If you have previously notified Companies House that the service |
| | PARC RHYDLAFER | address is at 'The Company's Registered Office', please state 'The |
| Post town | ST FAGANS | Company's Registered Office' in the address. |
| County/Region | SOUTH GLAMORGAN | This information will appear on the |
| Postcode | C F 5 6 H R | public record. |
| Country | | |
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Annual Return

| E1 | Director's details ● | |
|--|---|--|
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | KARTHIKEYAN | Corporate details |
| Surname | CHELLIAH | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies House, If you have made changes |
| Country/State of residence | UNITED KINGDOM | since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth Business occupation | X X | Please provide any previous names (including maiden or married names) which have been used for business |
| (if any) | ANAESTRETIST | purposes during the period of this return, |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |
| | | Continuation pages Please use a continuation page if you need to enter more officer details. |
| E2 | Director's service address@ | |
| Building name/number | 25 | Service address If you have previously notified |
| Street | MILESTONE CLOSE | Companies House that the service address is at 'The Company's Registered Office', please state 'The |
| Post town | CARDIFF | Company's Registered Office' in the address. |
| County/Region | SOUTH GLAMORGAN | This information will appear on the |
| Postcode | C F 1 4 N Q | public record. |
| Country | | |
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AR01 2015 Annual Return

| Part 4 | Statement of capital * | | | | |
|---|---|--|---|-------------|---|
| | Does your company have share capital? → Yes Complete the sections below → No Go to Part 6 (Signature). | and the following Pa | rt 5. | capital s | ould reflect the company's tatus at the made up date of ual return. |
| F1 | Share capital | ,, , , , , , , , , , , , , , , , , , , | | | |
| | Complete the table(s) below to show the issue Complete a separate table for each curre add pound sterling in 'Currency table A' and | ncy (if appropriate |). For example, table B'. | | |
| Currency | Class of shares | Number of shares | Aggregate nor | ninal value | Total aggregate amount |
| Complete a separate table for each currency | E.g. Ordinary/Preference etc. | | (£, €, \$, etc) Number of shar multiplied by no | | unpaid, If any (£, €, \$, etc) Including both the nominal value and any share premiun |
| Currency table A GBP | ORDINARY A | 1.00000 | | | • |
| GBP | ORDINARY B | 1.00000 | 1.00 | | |
| GBP | ORDINARY C | | | | |
| GDF | | 3.00000 | 3 | | 0 |
| Currency table B | | | _ | | |
| | | | | | |
| | | | | | |
| | Totals | | 0 | | 0 |
| Currency table C | | | | | |
| | | | | | |
| | | | | | |
| <u> </u> | Totals | | 0 | | o |
| | * | Total number of shares | Total aggr nominal va | | Total aggregate amount unpaid • |
| | Totals (including continuation pages) | 23.000 | 23.00 | | 0 |

 $[\]bullet$ Please list total aggregate values in different currencies separately. For example: £100 + £100 + \$10 etc.

AR01 2015 Annual Return

| F2 | Voting rights | |
|----------------|---|--|
| | Please give the prescribed particulars of rights attached to shares for each class of share shown in the statement of capital share tables in Section F1 . | |
| Class of share | ORDINARY A | |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | |
| | | |
| Class of share | ORDINARY B | |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | |
| | | |
| Class of share | ORDINARY C | |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | |
| Class of share | ORDINARY D | |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | |
| | | |

| Were any of the company's shares admitted to trading on a market at any time during this return period? Please tick the appropriate box below: No go to Section G2 'Past and present shareholders'. Yes go to Question 2. Please only refer to Question 2 below if you have answered 'Yes' to Question 1. If you answered 'No', please go to Section G2 'Past and present shareholders'. Did the company, throughout the return period, have any shares admitted to trading on a relevant market and was it, throughout the return period, an issuer to which DTR5 applies? Please tick the appropriate box below. No go to Section G4 'Shareholders who hold at least 5% of any class of shares of the company as at the made up date of the return'. Yes go to Part 6 'Signature' A market is one established up the rules of the UK recognise investment exchange or any regulated markets in or outside the UK, or any other market of the UK. The current UK recognise investment exchange or any regulated markets in or outside the UK, or any other market of the UK. The current UK recognise investment exchange or any regulated markets in or outside the UK, or any other market of the UK. The current UK recognise investment exchange or any regulated markets in or outside the UK, or any other market of the UK. The current UK recognise investment exchange or any regulated markets in or outside the UK, or any other market of the UK. The current UK recognise investment exchange or any regulated markets in or outside the UK, or any other market of the UK. The current UK recognise investment exchange or any regulated markets in or outside the UK, or any other market of the UK. The current UK recognise investment exchange or any regulated markets in or outside the UK, or any other market of the UK. The current UK recognise investment exchange or any regulated markets in or outside the UK, or any other market of the UK. The current UK recognise investment exchanges or any regulated markets in or other UK. The current UK recognise investment exchanges of the | Part 5 | Shareholders | |
|---|------------|---|--|
| Were any of the company's shares admitted to trading on a market at any time during this return period? Please tick the appropriate box below: No go to Section G2 'Past and present shareholders'. Please only refer to Question 2. Please only refer to Question 2 below if you have answered 'Yes' to Question 1. If you answered 'No', please go to Section G2 'Past and present shareholders'. Did the company, throughout the return period, have any shares admitted to trading on a relevant market and was it, throughout the return period, an issuer to which DTR5 applies? Please tick the appropriate box below: No go to Section G4 'Shareholders who hold at least 5% of any class of shares of the company as at the made up date of the return'. Yes go to Part 6 'Signature' The company is required to provide a full list of past and present shareholders if one was not included with either of the last two returns. Please tick the appropriate box below. The rewere no shareholders changes in this period. Go to Part 6 (Signature). A full list of shareholders is enclosed. How is the list of shareholders enclosed. Please tick the appropriate box below: The list of shareholders enclosed. Please tick the appropriate box below: The list of shareholders enclosed. Please tick the appropriate box below: The list of shareholders enclosed on paper, Go to Section G3. 'List of | | → Yes go to Section G1 'Companies with share capital', | |
| time during this return period? Please tick the appropriate box below. No go to Section G2 'Past and present shareholders'. Please only refer to Question 2. Please only refer to Question 2 below if you have answered 'Yes' to Question 1. If you answered 'No', please go to Section G2 'Past and present shareholders'. Did the company, throughout the return period, have any shares admitted to trading on a relevant market and was it, throughout the return period, an issuer to which DTR5 applies? Please tick the appropriate box below. No go to Section G4 'Shareholders who hold at least 5% of any class of shares of the company as at the made up date of the return'. Yes go to Part 6 'Signature' The company is required to provide a full list of past and present shareholders if one was not included with either of the last two returns. Please tick the appropriate box below. There were no shareholders changes in this period. Go to Part 6 (Signature). A full list of shareholders is enclosed. How is the lUK recognise investment exchanges in the urwanter of the UK. Or any other market to of the UK. Or any other market or of the UK. Or any other market or the UK. Or any other market or of the UK. Or any other market or investment exchanges and remarket can be found at www.sea.gov.uk/register/cho. The company is required to provide a full list of past and present shareholders in the company r | G1 | Companies with share capital | |
| Please only refer to Question 2 below if you have answered 'Yes' to Question 1. If you answered 'No', please go to Section G2 'Past and present shareholders'. Did the company, throughout the return period, have any shares admitted to trading on a relevant market and was it, throughout the return period, an issuer to which DTR5 applies? Please tick the appropriate box below: No go to Section G4 'Shareholders who hold at least 5% of any class of shares of the company as at the made up date of the return'. Yes go to Part 6 'Signature' The company is required to provide a full list of past and present shareholders if one was not included with either of the last two returns. Please tick the appropriate box below. There were no shareholders changes in this period. Go to Part 6 (Signature). A full list of shareholder changes is enclosed. How is the list of shareholders enclosed. Please tick the appropriate box below: The list of shareholders is enclosed on paper. Go to Section G3. 'List of | Question 1 | time during this return period? Please tick the appropriate box below: No go to Section G2 'Past and present shareholders'. | A market is one established under the rules of the UK recognised investment exchange or any other regulated markets in or outside of the UK, or any other market outside |
| Did the company, throughout the return period, have any shares admitted to trading on a relevant market and was it, throughout the return period, an issuer to which DTR5 applies? Please tick the appropriate box below. No go to Section G4 'Shareholders who hold at least 5% of any class of shares of the company as at the made up date of the return'. Yes go to Part 6 'Signature' List of past and present shareholders The company is required to provide a full list of past and present shareholders if one was not included with either of the last two returns. Please tick the appropriate box below. There were no shareholders changes in this period. Go to Part 6 (Signature). A full list of shareholders is enclosed. A list of shareholders enclosed. Please tick the appropriate box below: The list of shareholders enclosed on paper. Go to Section G3. 'List of | Question 2 | Question 1. If you answered 'No', please go to Section G2 'Past and present | of the UK. The current UK recognized investment exchanges and regulated markets can be found at: www.fsa.gov.uk/register/exchanges.c |
| No go to Section G4 'Shareholders who hold at least 5% of any class of shares of the company as at the made up date of the return'. Yes go to Part 6 'Signature' List of past and present shareholders The company is required to provide a full list of past and present shareholders if one was not included with either of the last two returns. Please tick the appropriate box below. There were no shareholders changes in this period. Go to Part 6 (Signature). A full list of shareholder changes is enclosed. How is the list of shareholders enclosed. Please tick the appropriate box below: The list of shareholders is enclosed on paper. Go to Section G3. 'List of | | trading on a relevant market and was it, throughout the return period, an issuer | DTR5 refers to the Vote Holder and Issuer Notification Rules contained in Chapter 5 of the Disclosure and Transparency Rules source book issued by the Financial Services |
| The company is required to provide a full list of past and present shareholders if one was not included with either of the last two returns. Please tick the appropriate box below. There were no shareholders changes in this period. Go to Part 6 (Signature). A full list of shareholders is enclosed. A list of shareholder changes is enclosed. How is the list of shareholders enclosed. Please tick the appropriate box below: The list of shareholders is enclosed on paper. Go to Section G3. 'List of | | of shares of the company as at the made up date of the return'. | Authority. Notification is required when the percentage acquisition of a shareholder in the company has reached a certain threshold (starting |
| if one was not included with either of the last two returns. Please tick the appropriate box below. There were no shareholders changes in this period. Go to Part 6 (Signature). A full list of shareholders is enclosed. A list of shareholder changes is enclosed. How is the list of shareholders enclosed. Please tick the appropriate box below: The list of shareholders is enclosed on paper. Go to Section G3. 'List of | G2 | List of past and present shareholders © | <u>'</u> |
| box below: The list of shareholders is enclosed on paper. Go to Section G3. 'List of | | if one was not included with either of the last two returns. Please tick the appropriate box below. There were no shareholders changes in this period. Go to Part 6 (Signature). A full list of shareholders is enclosed. | companies answering 'No' in |
| past and present snateriorders | | box below: The list of shareholders is enclosed on paper. Go to Section G3. 'List of | |
| The list of shareholders is enclosed in another format. Go to Part 6 (Signature). | | The list of shareholders is enclosed in another format. Go to | |

Annual Return

G3

List of past and present shareholders •

Changes during this period 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 company shareholders on:

- The company's first annual return following incorporation;
- Every third annual return after a full list has been provided.
- Please list the company shareholders in alphabetical order.
- Joint shareholders should be listed consecutively.

Further shareholders

Please use a 'List of past and present shareholders' continuation page if necessary.

This section only applies to companies answering 'No' to Question 1 in Section G1.

| • | | Shares or stock currently held | Shares or stock transfe | erred (if appropriate) |
|--|----------------|--|--|----------------------------------|
| Shareholder's Name (Address not required) | Class of share | Number of shares or amount of stock | Number of shares or amount of stock | Date of registration of transfer |
| SUSAN ELIZABETH ANTONIAZZI | ORDINARY T | 1.00000 | | |
| OWEN BENJAMIN | ORDINARY S | 1.00000 | | |
| MICHAEL BRETLAND | ORDINARY C | 1.00000 | | |
| FRANCES MARIA BLOMELEY | ORDINARY A | 1.00000 | | |
| HARVEY CAESAR | ORDINARY Q | 1.00000 | | |
| MONICA CHAWATHE | ORDINARY R | 1,00000 | | |
| KARTHIKEYAN CHELLIAH | ORDINARY F | 1.00000 | <u> </u> | |
| KATHLEEN EGGERS | ORDINARY N | 1.00000 | | |
| GILLIAN SUZANNE EVANS | ORDINARY M | 1.00000 | | |
| ROBERT ANTHONY EVANS | ORDINARY M | | 1.00000 | 06/03/2011 |
| RHIAN FARQUHARSON | ORDINARY W | 1.00000 | | |
| PRIMINORE SINGH GATAURE | ORDINARY H | 1.00000 | | |
| | | | | |

Annual Return

G4

Shareholders who hold at least 5% of any class of share(s) of the company as at the made up date of this return

This section should show only the shareholders that hold at least 5% of any class of share(s) of the company at the date of this return.

It should only be completed by companies that have answered 'Yes' to Question 1 in Section G1, and 'No' to Question 2 in Section G1.

If there were no shareholders holding at least 5% of any class of share(s) at the date of this return, this section may be left blank.

→ Go to Part 6 (Signature)

This section only applies to companies answering 'No' to Question 2 in Section G1.

Please list the company shareholders in alphabetical order.

Joint shareholders should be listed consecutively.

Further shareholders

Please use a 'Shareholders who hold at least 5% of any class of share(s) of the company as at the made up date of this return' continuation page if necessary.

Shares or stock currently held Shareholder's name Shareholder's address Class of share Number of shares or amount of stock

Signature Part 6 This must be completed by all companies. O Societas Europaea If the form is being filed on behalf of a Societas Europaea (SE) please delete 'director' and insert details I am signing this form on behalf of the company. Signature of which organ of the SE the person Signature signing has membership. X X **O** Person authorised Under either section 270 or 274 of the Companies Act 2006. This form may be signed by: Director •, Secretary, Person authorised •, Charity commission receiver and manager, CIC manager, Judicial factor.



Do not cover this barcode

Annual Return

Presenter information

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

| Contact name EL |
|----------------------------|
| Company name |
| BERRY SMITH LLP |
| |
| Address |
| HAYWOOD HOUSE |
| DUMFRIES PLACE |
| |
| Post town CARDIFF |
| County/Region |
| Postcode C F 1 0 3 G A |
| Country |
| 33097 CARDIFF 1 |
| Telephone 029 2034 5511 |

✓ Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- The company name and number match the information held on the public Register.
- You have completed your principal business activity.
 You have not used this form to make changes to the registered office address.
- You have not used this form to make changes to secretary and director details.
- You have provided the full date of birth for all individual directors in Part 3.
- You have fully completed the Statement of capital (if applicable).
- ☐ You have signed the form.
- ☐ You have enclosed the correct fee.

Important information

Please note that all information on this form will appear on the public record.

How to pay

A fee of £40 is payable to Companies House in respect of a paper Annual Return

Make cheques or postal orders payable to 'Companies House.'

Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:

For companies registered in England and Wales:

The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ.

DX 33050 Cardiff.

For companies registered in Scotland:

The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF. DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post).

For companies registered in Northern Ireland:

The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG. DX 481 N.R. Belfast 1.

Further information

For further information, please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse

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Annual Return

Director

| E1 | Director's details• | |
|------------------------------------|---|--|
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | KATHLEEN | Corporate details |
| Surname | EGGERS | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) ^{②} | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House, If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X | Please provide any previous names |
| Business occupation (if any) | ANAESTHETIST | (including maiden or married names) which have been used for business purposes during the period of this return. |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |

| E2 | Director's service address • |
|----------------------|------------------------------|
| Building name/number | 4 |
| Street | VICTORIA SQUARE |
| Post town | PENARTH |
| County/Region | VALE OF GLAMORGAN |
| Postcode | C F 6 4 1 S D |
| Country | |

O Service address

If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the address.

This information will appear on the public record.

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Annual Return

Director

| E1 | Director's details® | |
|---------------------------------|---|--|
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | O Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | GILLIAN SUZANNE | Corporate details |
| Surname | EVANS | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House. If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X | Please provide any previous names |
| Business occupation (if any) | ANAESTHETISTS | (including maiden or married names) which have been used for business purposes during the period of this return. |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |

| 3 2 | irector's service address o | |
|----------------------|-----------------------------|--|
| Building name/number | 55 | |
| Street | AMESBURY ROAD | |
| Post town | CARDIFF | |
| County/Region | | |
| Postcode | C F 2 3 5 D X | |
| Country | | |

Service address

If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the address.

This information will appear on the public record.

| In accordance with |
|--------------------|
| Section 854 of the |
| Companies Act 2006 |

| Director | | |
|------------------------------|---|---|
| E1 | Director's details® | |
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | ANDREW | Corporate details Please use Section C1-C4 to enter |
| Surname | FARQUHARSON | corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies House. If you have made changes |
| Country/State of residence | UNITED KINGDOM | since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X 0 7 7 1 9 7 6 9 | Please provide any previous names |
| Business occupation (if any) | ANAESTHETISTS | (including maiden or married names) which have been used for business purposes during the period of this |
| | | return. |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |
| E2 | Director's service address © | |
| Building name/number | 22 | ⊘ Service address |
| Street | MAIN ROAD | If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The |
| Post town | OGMORE BY SEA | Company's Registered Office' in the |
| Post town | CONTONE BY SEA | address. This information will appear on the |
| County/Region Postcode | C F 3 2 0 P D | public record. |
| Country | | |
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| Section 854 of the | | |
| Companies Ast 2006 | | |

Annual Return

Director

| E1 | Director's details® | |
|---------------------------------|---|--|
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | PREMINDER SINGH | Corporate details Please use Section C1-C4 to enter corporate director details. |
| Surname | GATAURE | |
| Former name(s) | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House. If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X | Please provide any previous names |
| Business occupation (if any) | ANAESTHETISTS | (including maiden or married names) which have been used for business purposes during the period of this return. |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |

| E2 | Director's service address 9 |
|----------------------|------------------------------|
| Building name/number | 42 |
| Street | FRIARS ROAD |
| Post town | NEWPORT |
| County/Region | SOUTH WALES |
| Postcode | N P 2 0 4 E Z |
| Country | |

Service address

If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the address.

This information will appear on the public record.

| In accordance with |
|--------------------|
| Section 854 of the |
| Companies Act 2006 |

Annual Return

Director

| E1 | Director's details ^o | | |
|---------------------------------|--|--|--|
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | O Director appointments You cannot use this form to appoint a director. To do this, please | |
| Title* | DR | complete form AP01 and submit it together with this annual return. Corporate details Please use Section C1-C4 to enter corporate director details. Director details All details must agree with those previously notified to Companies House. If you have made changes since the last annual return and have not notified us, please complete form CH01. Former name(s) Please provide any previous names | |
| Full forename(s) | EIRWYN BYRON | | |
| Surname | HOWELLS | | |
| Former name(s)® | | | |
| Country/State of residence | UNITED KINGDOM | | |
| Nationality | BRITISH | | |
| Month/year of birth | $X X $ $\begin{bmatrix} m \\ 1 \end{bmatrix} \begin{bmatrix} m \\ 1 \end{bmatrix} \begin{bmatrix} y \\ 1 \end{bmatrix} \begin{bmatrix} y \\ 9 \end{bmatrix} \begin{bmatrix} y \\ 6 \end{bmatrix} \begin{bmatrix} y \\ 5 \end{bmatrix}$ | | |
| Business occupation (if any) | ANAESTHETISTS | (including maiden or married names) which have been used for business purposes during the period of this return. | |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. | |

| E2 | Director's service address • |
|----------------------|------------------------------|
| Building name/number | HIGHFIELD HOUSE |
| Street | BRIDGE ROAD |
| | LLANBLETHIAN |
| Post town | COWBRIDGE |
| County/Region | VALE OF GLAMORGAN |
| Postcode | C F 7 1 7 J G |
| Country | |

O Service address

If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the address.

This information will appear on the public record.

| Director | | |
|------------------------------|---|--|
| E1 | Director's details [®] | |
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | JONATHAN CHARLES | Corporate details |
| Surname | HUGHES | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | - House. If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X | Please provide any previous names |
| Business occupation (if any) | ANAESTHETISTS | (including malden or married names) which have been used for business purposes during the period of this |
| | | return. Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |
| E2 | Director's service address ⁹ | |
| Building name/number | BARN COTTAGE | Service address If you have previously notified |
| Street | ST MARYS CHURCH | Companies House that the service address is at 'The Company's Registered Office', please state 'The |
| Post town | COWBRIDGE | Company's Registered Office' in the address. |
| County/Region | VALE OF GLAMORGAN | This information will appear on the |
| Postcode | C F 7 1 7 L T | public record. |
| Country | | - |
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| Section 854 of the |
| Composing Ast 2000 |

| Director | | |
|------------------------------|---|---|
| E1 | Director's details● | |
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | LUIS FERNANDO | Corporate details |
| Surname | JIMENEZ | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House, if you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X 0 3 1 1 9 6 3 | Please provide any previous names |
| Business occupation (if any) | ANAESTHETISTS | (including maiden or married names) which have been used for business |
| (,) | | purposes during the period of this return. |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |
| E2 | Director's service address O | |
| Building name/number | 8 | Service address If you have previously notified |
| Street | HAWTHORNE AVENUE | Companies House that the service address is at 'The Company's Registered Office', please state 'The |
| Post town | SWANSEA | Company's Registered Office' in the address. |
| County/Region | | |
| - | | This information will appear on the |
| Postcode | S A 2 0 L P | This information will appear on the public record. |
| Postcode Country | S A 2 0 L P | |

| Director | | |
|---------------------------------|---|---|
| E1 | Director's details® | |
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | KATHRYN | Corporate details |
| Surname | LEWIS | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House. If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X | Please provide any previous names |
| Business occupation (if any) | ANAESTHETIST | (including maiden or married names) which have been used for business purposes during the period of this return. |
| | | Please provide month and year only. Provide full date of birth in Part 3 only. |
| E2 | Director's service address [©] | |
| Building name/number | 65 | O Service address |
| Street | PLYMOUTH ROAD | If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The |
| Post town | PENARTH | Company's Registered Office' in the address. |
| County/Region | | This information will appear on the |
| Postcode | C F 6 4 3 D D | public record. |
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| Director | | |
|------------------------------|---|---|
| E1 | Director's details® | |
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | NATALIE SIAN | Corporate details |
| Surname | MORGAN | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) ² | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House, If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. Promer name(s) |
| Month/year of birth | X X | Please provide any previous names |
| Business occupation (if any) | ANAESTHETIST | (including maiden or married names) which have been used for business |
| () | | purposes during the period of this return. |
| | | • Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |
| E2 | Director's service address © | |
| Building name/number | 6 | Service address If you have previously notified |
| Street | SANDY LANE | Companies House that the service address is at 'The Company's |
| | | Registered Office', please state 'The Company's Registered Office' in the |
| Post town | YSTRADOEN | address. |
| County/Region | SOUTH GLAMORGAN | This information will appear on the public record. |
| Postcode | C F 7 1 7 T Z | |
| Country | | |
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| In accordance with | |
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| Section 854 of the | |
| Companies Act 2006 | |

| Director | | |
|------------------------------|---|---|
| E1 | Director's details♥ | |
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | JOHN ANTONY | Corporate details |
| Surname | OSBORNE | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House. If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. ② Former name(s) |
| Month/year of birth | X X | Please provide any previous names |
| Business occupation (if any) | ANAESTHETIST | (including malden or married names) which have been used for business purposes during the period of this |
| | 1 | return. |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |
| E2 | Director's service address © | <u> </u> |
| Building name/number | DIAMOND HOUSE | Service address If you have previously notified |
| Street | WESTGATE | Companies House that the service address is at 'The Company's |
| | | Registered Office', please state 'The |
| Post town | COWBRIDGE | Company's Registered Office' in the address. |
| County/Region | VALE OF GLAMORGAN | This information will appear on the public record. |
| Postcode | C F 7 1 7 A Q | |
| Country | | |
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| In accordance with |
|---------------------|
| Section 854 of the |
| Composites Act 2006 |

| Director | | |
|------------------------------|---|--|
| E1 | Director's details® | |
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | O Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | DAFYDDE | Corporate details |
| Surname | PARRY | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) ² | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House. If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X 0 2 1 9 6 6 | Please provide any previous names |
| Business occupation (if any) | ANAESTHETIST | (including maiden or married names) which have been used for business purposes during the period of this |
| | | Please provide month and year only. Provide full date of birth in Part 3 only. |
| E2 | Director's service address © | |
| Building name/number | 17 | Service address If you have previously notified |
| Street | HEOL DON | Companies House that the service address is at 'The Company's |
| | WHITCHURCH | Registered Office', please state 'The |
| Post town | CARDIFF | Company's Registered Office' in the address. |
| County/Region | | This information will appear on the public record. |
| Postcode | C F 1 4 2 A R | public record. |
| Country | | |
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| Director | | |
|------------------------------|---|---|
| E1 | Director's details® | |
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. Corporate details |
| Full forename(s) | GARETH | |
| Surname | PARRY | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House. If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X 0 5 1 9 7 9 7 9 | Please provide any previous names |
| Business occupation (if any) | ANAESTHETIST | (including maiden or married names) which have been used for business |
| (11 2019) | | purposes during the period of this return. |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |
| E2 | Director's service address © | |
| Building name/number | 9 | Service address If you have previously notified |
| Street | THE RETREAT | Companies House that the service address is at 'The Company's |
| | | Registered Office', please state 'The Company's Registered Office' in the |
| Post town | PORTHCAWL | address. |
| County/Region | MID GLAMORGAN | This information will appear on the public record. |
| Postcode | C F 3 6 3 R U | _ |
| Country | | |
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| E1 | Director's details® | |
|---------------------------------------|---|--|
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | O Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | SIMON DAVID | Corporate details |
| Surname | POULTER | Please use Section C1-C4 to enter corporate director details. |
| Former_name(s) | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House, if you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. ② Former name(s) |
| Month/year of birth | X X 0 0 2 1 1 9 7 6 7 6 | Please provide any previous names |
| Business occupation (if any) | ANAESTHETIST | (including malden or married names) which have been used for business purposes during the period of this return. |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |
| | | |
| E2 | Director's service address © | |
| E2 Building name/number | | Service address |
| | | Service address If you have previously notified Companies House that the service address is at 'The Company's |
| Building name/number | | tf you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The |
| Building name/number | | If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the address. |
| Building name/number Street | PARK FARM | If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the |
| Building name/number Street Post town | PARK FARM BRIDGEND | ti you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the address. This information will appear on the |

AR01 2015 - continuation page

| Director | | |
|------------------------------|---|--|
| E 1 | Director's details● | |
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | RICHARD JAMES | Corporate details |
| Surname | SELF | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House, If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. ② Former name(s) |
| Month/year of birth | X X 0 8 1 9 1 9 5 | Please provide any previous names |
| Business occupation (if any) | ANAESTHETIST | (including maiden or married names) which have been used for business |
| (II dily) | | purposes during the period of this return, |
| | | Please provide month and year only. Provide full date of birth in Part 3 only. |
| E2 | Director's service address © | |
| Building name/number | 13 | Service address If you have previously notified |
| Street | LON CAE PORTH | Companies House that the service address is at 'The Company's |
| | | Registered Office', please state 'The |
| Post town | CARDIFF | Company's Registered Office' in the address. |
| County/Region | | This information will appear on the public record. |
| Postcode | C F 1 4 6 Q L | |
| Country | | |
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| In accordance with |
|---------------------|
| Section 854 of the |
| Companies Act 2006. |

AR01 2015 - continuation page

Annual Return

Director

| E1 | Director's details® | , |
|-----------------------------------|---|---|
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | DAVID GARY | Corporate details |
| Surname | THOMAS | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) [®] | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House. If you have made changes since the last annual return and have not notified us, please complete form CH01. |
| Nationality | BRITISH | |
| Month/year of birth ¹⁰ | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Please provide any previous names |
| Business occupation | ANAESTHETIST | (including maiden or married names) which have been used for business |
| (if any) | | purposes during the period of this return. |
| | | Month and year of birth Please provide month and year only. Provide full date of birth in Part 3 only. |

| Director's service address • | |
|------------------------------|--|
| 4 | |
| BROOKFIELD PARK ROAD | |
| BROOKFIELD PARK | |
| COWBRIDGE | |
| VALE OF GLAMORGAN | |
| C F 7 1 7 H J | |
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Service address

If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the address.

This information will appear on the public record.

| In accordance with |
|--------------------|
| Section 854 of the |
| Companies Act 2006 |

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| Director | | - |
|--|---|---|
| E1 | Director's details® | |
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | ◆ Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | VIJAYALAKSHMI | Corporate details |
| Surname | VARADARAJAN | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies |
| Country/State of residence | UNITED KINGDOM | House. If you have made changes since the last annual return and have not notified us, please |
| Nationality | BRITISH | complete form CH01. |
| Month/year of birth | X X | Please provide any previous names |
| Business occupation (if any) | ANAESTHETIST | (Including malden or married names) which have been used for business purposes during the period of this |
| | | I Please provide month and year only. |
| | | Please provide month and year only. Provide full date of birth in Part 3 only. |
| E2 | Director's service address © | Provide full date of birth in |
| | | Provide full date of birth in Part 3 only. |
| Building name/number | | Provide full date of birth in Part 3 only. Service address If you have previously notified Companies House that the service |
| Building name/number | 1 | Provide full date of birth in Part 3 only. Service address If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The |
| Building name/number Street | OCHR Y COED, OFF EXCALIBUR DRIVE | Provide full date of birth in Part 3 only. Service address If you have previously notified Companies House that the service address is at 'The Company's |
| Building name/number Street Post town | OCHR Y COED, OFF EXCALIBUR DRIVE THORNHILL | Provide full date of birth in Part 3 only. Service address If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the address. This information will appear on the |
| E2 Building name/number Street Post town County/Region Postcode | OCHR Y COED, OFF EXCALIBUR DRIVE THORNHILL | Provide full date of birth in Part 3 only. Service address If you have previously notified Companies House that the service address is at 'The Company's Registered Office', please state 'The Company's Registered Office' in the address. |

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| Director | | |
|------------------------------|---|---|
| E1 | Director's details® | |
| | Please use this section to list individual directors of the company. For a corporate director, complete Section C1-C4. | Director appointments You cannot use this form to appoint a director. To do this, please |
| Title* | DR | complete form AP01 and submit it together with this annual return. |
| Full forename(s) | JONATHAN CRAIG | Corporate details |
| Surname | WILLIAMS | Please use Section C1-C4 to enter corporate director details. |
| Former name(s) | | Director details All details must agree with those previously notified to Companies House. If you have made changes |
| Country/State of residence | UNITED KINGDOM | since the last annual return and have not notified us, please complete form CH01. |
| Nationality | BRITISH | © Former name(s) |
| Month/year of birth | X X | Please provide any previous names (including maiden or married names) |
| Business occupation (if any) | ANAESTHETIST | which have been used for business purposes during the period of this |
| | | return. Month and year of birth |
| | | Please provide month and year only. Provide full date of birth in Part 3 only. |
| E2 | Director's service address [©] | 1 |
| Building name/number | TY LLANGOED | Service address If you have previously notified |
| Street | 13 EGLWYS NUNYDD | Companies House that the service address is at 'The Company's |
| | MARGHAM | Registered Office', please state 'The Company's Registered Office' in the |
| Post town | PORT TALBOT | address. |
| County/Region | NEATH PORT TALBOT | This information will appear on the public record. |
| Postcode | C A 1 3 2 P S | |
| Country | | |
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AR01 2015 - continuation page

| F1 | Statement of capital | | _ | |
|---|---|------------------|---|---|
| | Complete the table(s) below to show the issued share capital. Complete a separate table for each currency. | | | |
| Currency | Class of shares | Number of shares | Aggregate nominal value (£, €, \$, etc) | Total aggregate amount |
| Complete a separate table for each currency | E.g. Ordinary/Preference etc. | | Number of shares issued multiplied by nominal value | unpaid, if any (£, €, \$, etc Including both the nominal value and any share premi |
| GBP | ORDINARY D | 1.00000 | 1 | |
| GBP | ORDINARY E | 1.00000 | 1 | |
| GBP | ORDINARY F | 1.00000 | 1 | · . |
| GBP | ORDINARY G | 1.00000 | 1 | 2.6 |
| GBP | ORDINARY H | 1.00000 | 1 | |
| GBP | ORDINARY I | 1.00000 | 1 | · Banking of the state of the s |
| GBP | ORDINARY J | 1.00000 | 1 | · William Deli |
| GBP | ORDINARY K | 1.00000 | 1 | · |
| GBP | ORDINARY L | 1.00000 | 1 | - - |
| GBP | ORDINARY M | 1.00000 | 1 | |
| GBP | ORDINARY N | 1.00000 | 1 | |
| GBP | ORDINARY O | 1.00000 | 1 | |
| GBP | ORDINARY P | 1.00000 | 1 | |
| GBP | ORDINARY Q | 1.00000 | 1 | - |
| GBP | ORDINARY R | 1.00000 | 1 | - |
| GBP | ORDINARY S | 1.00000 | 1 | |
| GBP | ORDINARY T | 1.00000 | 1 | |
| GBP | ORDINARY U | 1.00000 | 1 | |
| GBP | ORDINARY V | 1.00000 | 1 | |
| GBP | ORDIBARY W | 1.00000 | 1 | |
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| | Totals | 20 | 20 | 0 |

AR01 2015 - continuation page

| 2 | Voting rights | |
|---------------|--|--|
| lass of share | ORDINARY E | |
| oting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | |
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AR01 2015 - continuation page

| F2 | Voting rights |
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| Class of share | ORDINARY F |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE |
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AR01 2015 - continuation page

| F2 | Voting rights | |
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| Class of share | ORDINARY G | |
| oting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | |
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AR01 2015 - continuation page

| F2 | Voting rights |
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| Class of share | ORDINARY H |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE |
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AR01 2015 - continuation page

| F2 | Voting rights |
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| Class of share | ORDINARY I |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE |
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AR01 2015 - continuation page

| F2 | Voting rights |
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| Class of share | ORDINARY J |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE |
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AR01 2015 - continuation page

| 2 | Voting rights | <u> </u> |
|----------------|--|----------|
| class of share | ORDINARY K | |
| oting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | - |
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AR01 2015 - continuation page

| F2 | Voting rights |
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| Class of share | ORDINARY L |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE |
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AR01 2015 - continuation page

| =2 | Voting rights | |
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| Class of share | ORDINARY M | |
| oting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | |
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AR01 2015 - continuation page

| F2 | Voting rights | |
|----------------|--|--|
| Class of share | ORDINARY N | |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | |
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AR01 2015 - continuation page

| 2 | Voting rights | |
|---------------|--|--|
| lass of share | ORDINARY O | |
| oting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | |
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| -2 | Voting rights |
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| Class of share | ORDINARY P |
| oting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE |
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AR01 2015 - continuation page

| F2 | Voting rights |
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| Class of share | ORDINARY Q |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE |
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| F2 | Voting rights |
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| Class of share | ORDINARY R |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE |
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AR01 2015 - continuation page

| F2. | Voting rights |
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| Class of share | ORDINARY S |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE |
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AR01 2015 - continuation page

| 2 | Voting rights |
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| lass of share | ORDINARY T |
| oting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE |
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| -2 | Voting rights | |
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| lass of share | ORDINARY U | |
| oting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | |
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AR01 2015 - continuation page

| F2 | Voting rights | |
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| Class of share | ORDINARY V | |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE | - · |
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AR01 2015 - continuation page

| F2 | Voting rights |
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| Class of share | ORDINARY W |
| Voting rights | FULL VOTING RIGHTS RIGHT TO PARTICIPATE IN DIVIDENDS AND DISTRIBUTION RIGHT TO PARTICIPATION IN A DISTRIBUTION AND WINDING UP NOT REDEEMABLE |
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Annual Return

G3

List of past and present shareholders •

Changes during this period 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 company shareholders on:

- The company's first annual return following incorporation;
- Every third annual return after a full list has been provided.

 Please list the company shareholders in alphabetical order.

Joint shareholders should be listed consecutively.

This section only applies to companies answering 'No' to Question 1 in Section G1.

| | Class of share | Shares or stock currently held Number of shares or amount of stock | Shares or stock transferred (if appropriate) | |
|--|----------------|---|--|----------------------------------|
| Shareholder's Name (Address not required) | | | Number of shares or amount of stock | Date of registration of transfer |
| PAT HALLUM | ORDINARY E | 1.00000 | | |
| ANDREW HARRISON | ORDINARY C | | 1.00000 | 06/03/2011 |
| KATHERINE LUCY HOWELLS | ORDINARY P | 1.00000 | | |
| ANN CATHERINE HUGHES | ORDINARY B | 1.00000 | | |
| KATHRYN E LEWIS | ORDINARY L | 1.00000 | | |
| NATALIE SIAN MORGAN | ORDINARY U | 1.00000 | | |
| ANTONIA PARRY | ORDINARY V | 1.00000 | | |
| DAFYDD E PARRY | ORDINARY J | 1.00000 | | |
| SIMON DAVID POULTER | ORDINARY D | 1.00000 | | |
| HELEN ELIZABETH REID | ORDINARY O | 1.00000 | | |
| MARY SELF | ORDINARY I | 1.00000 | | |
| VIJAYALAKSHMI VARADARAJAN | ORDINARY G | 1.00000 | | |
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Annual Return

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List of past and present shareholders •

Changes during this period 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 company shareholders on:

- The company's first annual return rottowing incompany's first annual return after a full list has been provided.
 Every third annual return after a full list has been provided.

Please list the company shareholders in alphabetical order.

Joint shareholders should be listed consecutively.

This section only applies to companies answering 'No' to Question 1 in Section G1.

| | | Shares or stock currently held | Shares or stock transferred (if appropriate) | |
|--|----------------|-------------------------------------|--|----------------------------------|
| Shareholder's Name (Address not required) | Class of share | Number of shares or amount of stock | Number of shares or amount of stock | Date of registration of transfer |
| HELEN ELIZABETH WILLIAMS | ORDINARY K | 1.00000 | | |
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