



Confirmation Statement

Company Name: **ACTIVE MEDICAL SERVICES LIMITED**

Company Number: **05666288**



Received for filing in Electronic Format on the: **04/01/2017**

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Company Name: **ACTIVE MEDICAL SERVICES LIMITED**

Company Number: **05666288**

Confirmation **04/01/2017**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	100
Currency:	GBP	Aggregate nominal value:	100

Prescribed particulars

THE ORDINARY SHARES WHICH CONSTITUTE THE EQUITY SHARE CAPITAL OF THE COMPANY, ENTITLE THE HOLDERS TO ATTEND AND VOTE AT GENERAL MEETINGS, TO RECEIVE DIVIDEND OF AN UNLIMITED AMOUNT TOGETHER WITH THE RIGHT TO PARTICIPATE IN THE SURPLUS ASSETS OF THE COMPANY ON A WINDING-UP.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	100
		Total aggregate nominal value:	100
		Total aggregate amount unpaid:	0

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became **06/04/2016**
registrable:

Name: **COLIN DAVID BILLING**

Service address recorded as Company's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/04/1960**

Nationality: **BRITISH**

Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

The person holds, directly or indirectly, more than 25% but not more than 50% of the voting rights in the company.

Notification Details

Date that person became **06/04/2016**
registrable:

Name: **JOHANNE HUMPHREYS**

Service address recorded as Company's registered office

Country/State Usually **UNITED KINGDOM**
Resident:

Date of Birth: ****/10/1968**

Nationality: **BRITISH**

Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

The person holds, directly or indirectly, more than 25% but not more than 50% of the voting rights in the company.

Confirmation Statement

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

Authorisation

Authenticated

This form was authorised by one of the following:

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