



Companies House
— for the record —

AR01 (ef)

Annual Return



XXBY2EQ9

Received for filing in Electronic Format on the: **06/11/2009**

Company Name: **ABIOLA MEDICAL SERVICES LIMITED**

Company Number: **06418355**

Date of this return: **05/11/2009**

SIC codes: **8511**

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

Situation of Registered Office: **273-275 HIGH STREET
LONDON COLNEY
ST ALBANS
HERTFORDSHIRE
AL2 1HA**

Officers of the company

Company Secretary **I**

Type: **Person**

Full forename(s): **ENIOLA**

Surname: **ABIOLA**

Former names:

Service Address: **10 CAMBORNE WAY
ROMFORD
ESSEX
RM3 8RA**

Company Director **1**

Type: **Person**

Full forename(s): **DR AYORINDE**

Surname: **ABIOLA**

Former names:

Service Address: **10 CAMBORNE WAY
ROMFORD
ESSEX
RM3 8RA**

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

Date of Birth: **25/03/1971**

Nationality: **NIGERIAN**

Occupation: **DOCTOR**

Company Director **2**

Type: **Person**
Full forename(s): **DR ENIOLA**
Surname: **ABIOLA**
Former names:
Service Address: **23 COUNTY CLOSE**
 STIRCHLEY
 BIRMINGHAM
 B30 2QQ

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

Date of Birth: **12/11/1977** *Nationality:* **NIGERIAN**

Occupation: **NONE**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	100
	GBP	<i>Aggregate nominal value</i>	100
<i>Currency</i>		<i>Amount paid</i>	0
		<i>Amount unpaid</i>	0
<i>Prescribed particulars</i>	SHAREHOLDING AS PER INCORPORATION DOCUMENTS		

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	100
		<i>Total aggregate nominal value</i>	100

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 05/11/2009 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for a private or non-traded public company are shown below

Shareholding 1:

100 ORDINARY Shares held as at 05/11/2009

Name:

AYORINDE ABIOLA

Address:

Presenter information

Contact Name:

Address:

Authorisation

Authenticated

This form was authorised by one of the following:

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