

BLUEPRINT

OneWorld

000143/30

363a

Please complete in typescript,
or in bold black capitals.

Annual Return

CHFP010

Company Number

06449864

Company Name in full

Rose Medical Limited

Date of this return

The information in this return is made up
to

| Day | | Month | | Year | | |
|-----|---|-------|---|------|---|---|
| 1 | 1 | 1 | 2 | 2 | 0 | 8 |

Date of next return

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

| Day | | Month | | Year | | |
|-----|--|-------|--|------|--|--|
| | | | | | | |

Registered Office

Show here the address at the date of
this return.

Unit 10 Albion Park, Warrington Road Glazebury

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

Post town

Warrington

County / Region**UK Postcode**

CHESHIRE

Principal business activities

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

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

Pharmaceutical

SATURDAY



A70

ADNDG8CN
21/03/2009
COMPANIES HOUSE

2

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

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff
for companies registered in England and Wales or
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for companies registered in Scotland
DX ED235 Edinburgh 1
or LP-4 Edinburgh 2

10/08

Register of members

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

Post town

County / Region

UK Postcode

Register of Debenture holders

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

Post town

County / Region

UK Postcode

Company type

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

☐☒☐☐☐☐☐☐

Please tick the appropriate box

Company Secretary

* Voluntary details.

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

Name

* Style / Title

Forename(s)

Gary

Surname

Sawbridge

☐

Address ††

Wood Corner, Brookledge Road

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

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

Post town

Adlington

County / Region

Cheshire

UK Postcode

SK10 4JX

Country

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

* Voluntary details.

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

Name

* Style / Title

Day Month Year

Date of birth

1 3 1 1 1 9 7 0

Forename(s)

Peter

Surname

Burrows

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

☐

Address ††

Winstanley House, Red Rock Lane, Haigh

Post town

Wigan

County / Region

UK Postcode WN2 1LX

Country

Nationality British

Business occupation

Pharmacist

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

* Voluntary details.

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

Name

* Style / Title

Day Month Year

Date of birth

2 9 0 5 1 9 7 3

Forename(s)

Gary

Surname

Ratcliffe

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

☐

Address ††

Flat 416 Market Square, 87 High Street

Post town

Manchester

County / Region

UK Postcode M4 1BF

Country

Nationality British

Business occupation

Director

Directors

Please list directors in alphabetical order.

* Voluntary details.

Name

* Style / Title

Details of new directors must be notified on form 288a

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

Day Month Year

Date of birth

1 9 0 4 1 9 6 3

Forename(s) Gary

Surname Sawbridge

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

☐

Address ††

Wood Corner, Brookledge Road

Post town Adlington

County / Region Cheshire

UK Postcode SK10 4JX

Country

Nationality British

Business occupation Pharmacist

Directors

Please list directors in alphabetical order.

* Voluntary details.

Name

* Style / Title

Details of new directors must be notified on form 288a

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

Day Month Year

Date of birth

Forename(s)

Surname

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

☐

Address ††

Post town

County / Region

UK Postcode

Country

Nationality

Business occupation

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Issue share capital

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

| Class (e.g. Ordinary/Preference) | Number of shares issued | Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock) |
|-------------------------------------|----------------------------|--|
| Ordinary | 1,499 | £1,499.00 |
| | | |
| | | |
| | | |
| Totals | 1,499 | 1,499.00 |

Traded public companies

A traded public company means a company any of whose shares are shares admitted to trading on a regulated market

Please tick this box if your company was a traded public company at any time during the period of this return

☐**List of past and present shareholders**

(use attached schedule where appropriate)

Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.

Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two returns.

Please tick the appropriate box below:

A full list of shareholders for a private or non-traded public company is enclosed. **Please complete Schedule A.**on paper in another
format☒☐A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. **Please complete Schedule B.**☐☐

A list containing shareholder changes is enclosed

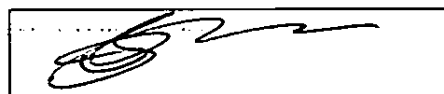
☐☐→ For private or non-traded public companies, please complete **Schedule A**→ For traded public companies, please complete **Schedule B**

There were no shareholder changes in this period

☐**Certificate**

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

Signed



Date

20/3/09

† Please delete as appropriate.

† (director / secretary)

When you have signed the return send it with the fee to the Registrar of Companies. Make cheques payable to Companies House.

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

This return includes

1

continuation sheets.

(enter number)

Tel

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DX number

DX exchange

Schedule A for private or non-traded public companies List of past and present shareholders

(Please use a continuation sheet if required)

CHFP010

Company Number 06449864

Company Name in full Rose Medical Limited

This must only be completed by private and public limited companies that have not traded on a regulated market

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

Do not give shareholder address information

| Shareholder's name only | Class and number of shares or amount of stock held | Shares or amount of stock transferred (if appropriate) | Class and number of shares or amount of stock transferred | Date of registration of transfer |
|-------------------------|--|--|---|----------------------------------|
| Name Peter Burrows | £1.00 Ordinary | | | |
| | Shares Held 500 | | | |
| Name Gary Ratcliffe | £1.00 Ordinary | | | |
| | Shares Held 500 | | | |
| Name Gary Sawbridge | £1.00 Ordinary | | | |
| | Shares Held 499 | | | |