

AR01 (ef)

Annual Return



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Received for filing in Electronic Format on the:

10/02/2015

Company Name:

OPENHEALTH CLINIC LIMITED

Company Number:

06805936

Date of this return:

30/01/2015

SIC codes:

96090

Company Type:

Private company limited by shares

Situation of Registered

Office:

8TH FLOOR HYDE HOUSE

THE HYDE

LONDON

NW9 6LH

Officers of the company

Company Secretary	1
Type: Full forename(s):	Person PENNIE MICHELLE
Surname:	RIDER
Former names:	
Service Address recorded as Company's registered office	
Company Director	I
Type:	Person
Full forename(s):	GRAEME JONATHAN
Surname:	RIDER
Former names:	
Service Address recorded as Company's registered office	
Country/State Usually Resident: UNITED KINGDOM	
Date of Birth: 21/01/1963 Occupation: OSTEOPAT	Nationality: BRITISH H

Statement of Capital (Share Capital)

Class of shares A Number allotted 1
Aggregate nominal 1
value
Amount paid per share 1
Amount unpaid per share 0

Prescribed particulars

EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCE

Class of shares B Number allotted 1
Aggregate nominal 1
value
Amount paid per share 1
Amount unpaid per share 0

Prescribed particulars

THE SHARES HAVE THE RIGHT TO RECEIVE DIVIDENDS BUT NO VOTING OR CAPITAL RIGHTS

Class of shares C Number allotted 1
Aggregate nominal 1
value
Amount paid per share 1
Amount unpaid per share 0

Prescribed particulars

THE SHARES HAVE THE RIGHT TO RECEIVE DIVIDENDS BUT NO VOTING OR CAPITAL RIGHTS

Statement of Capital (Totals) Currency GBP Total number of shares Total aggregate nominal value 3

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 30/01/2015 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : 1 A shares held as at the date of this return

Name: GRAEME RIDER

Shareholding 2 : 1 B shares held as at the date of this return

Name: PENNIE RIDER

Shareholding 3 : 1 C shares held as at the date of this return

Name: SAMUEL RIDER

Authorisation

Authenticated

This form was authorised by one of the following:

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