



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **20/07/2015**

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Company Name: **LIFTING THE BURDEN**

Company Number: **06943628**

Date of this return: **24/06/2015**

SIC codes: **86900**

Company Type: **Private company limited by guarantee exempt under section 60**

Situation of Registered Office: **MOSCROP & CO 21-27 LAMB'S CONDUIT STREET
LONDON
WC1N 3GS**

Officers of the company

Company Secretary 1

Type: **Person**

Full forename(s): **ULLA**

Surname: **SCHULTZ**

Former names:

Service Address: **18 THE RIVERSIDE GRABURN WAY
EAST MOLESEY
SURREY
KT8 9BF**

Company Director 1

Type: **Person**

Full forename(s): **DR GRETCHEN LANO**

Surname: **BIRBECK**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **USA**

Date of Birth: **30/05/1968**

Nationality: **AMERICAN**

Occupation: **PHYSICIAN**

Company Director 2

Type: **Person**

Full forename(s): **ASS PROFESSOR RIGMOR HOEJLAND**

Surname: **JENSEN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **DENMARK**

Date of Birth: **03/11/1954**

Nationality: **DANISH**

Occupation: **PHYSICIAN**

Company Director 3

Type: **Person**

Full forename(s): **PROFESSOR ZAZA**

Surname: **KATSARAVA**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **GERMANY**

Date of Birth: **24/12/1966**

Nationality: **GERMAN**

Occupation: **PHYSICIAN**

Company Director 4

Type: **Person**
Full forename(s): **PROFESSOR PAOLO**

Surname: **MARTELLETTI**

Former names:

Service Address: **VIA NOMENTANA 91**
ROMA
00161
ITALY

Country/State Usually Resident: **ITALY**

Date of Birth: **03/06/1952** *Nationality:* **ITALIAN**

Occupation: **UNIVERSITY PROFESSOR**

Company Director **5**

Type: **Person**

Full forename(s): **PROFESSOR TIMOTHY JOHN**

Surname: **STEINER**

Former names:

Service Address: **95 KINGSTON HILL
KINGSTON UPON THAMES
SURREY
KT2 7PZ**

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

Date of Birth: **26/04/1946** *Nationality:* **BRITISH**

Occupation: **PHYSICIAN**

Company Director 6

Type: **Person**
Full forename(s): **PROFESSOR LARS JACOB**

Surname: **STOVNER**

Former names:

Service Address: **OVRE PETERSBORG GATE 10
7013 TRONDHEIM
NORWAY**

Country/State Usually Resident: **NORWAY**

Date of Birth: **26/10/1953** *Nationality:* **NORWEGIAN**

Occupation: **PROFESSOR OF NEUROLOGY
AND NEUROLOGY CONSULTANT**

Authorisation

Authenticated

This form was authorised by one of the following:

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