



Companies House

AR01 (ef)

Annual Return



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Company Name: **GAVIN MILLER HAND SURGERY LIMITED**

Company Number: **07101041**

Date of this return: **10/12/2015**

SIC codes: **86220**

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

Situation of Registered Office: **C/O STEPHEN ALLEN & CO. LTD
RIVERDALE 89 GRAHAM ROAD
SHEFFIELD
S10 3GP**

Officers of the company

Company Director 1

Type: **Person**
Full forename(s): **JOHN GAVIN**

Surname: **MILLER**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/01/1961** Nationality: **BRITISH**

Occupation: **SURGEON**

Company Director 2

Type: **Person**
Full forename(s): **MARGARET MILLER**

Surname: **MILLER**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/05/1962** Nationality: **BRITISH**

Occupation: **BUSINESS MANAGER**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	2
		<i>Aggregate nominal value</i>	2
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

VOTING RIGHTS WITH RIGHTS TO DIVIDENDS.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	2
		<i>Total aggregate nominal value</i>	2

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 10/12/2015 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 ORDINARY shares held as at the date of this return**
Name: **JOHN GAVIN MILLER**

Shareholding 2 : **1 ORDINARY shares held as at the date of this return**
Name: **MARGARET MILLER**

Authorisation

Authenticated

This form was authorised by one of the following:

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