

AR01 (ef)

Annual Return



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Company Name:

ADVANCED COMMUNITY HEALTHCARE LIMITED

Company Number:

07542839

Date of this return:

25/02/2016

SIC codes:

86900

Company Type:

Private company limited by shares

14 HIGH STREET EAST

Situation of Registered

GLOSSOP

Office:

DERBYSHIRE

SK13 8DA

Officers of the company

Company Director	1
Type:	Person
Full forename(s):	CAROLINE SARA
Surname:	SUMMERS
Former names:	
Service Address:	6 WINDMILL VIEW
	SCHOLES
	HOLMFIRTH WEST YORKSHIRE
	UNITED KINGDOM
	HD9 1SA

Country/State Usually Resident: UNITED KINGDOM

Date of Birth: **/03/1969 Nationality: BRITISH

Occupation: NURSE

Company Director 2

Type: Person

Full forename(s): SARAH

Surname: TAYLOR-WILLIAMS

Former names:

Service Address: 110 PENISTONE ROAD

NEW MILL HOLMFIRTH ENGLAND HD9 7DY

Country/State Usually Resident: ENGLAND

Date of Birth: **/04/1976 Nationality: BRITISH

Occupation: NURSE

Statement of Capital (Share Capital)

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

Prescribed particulars

THE ORDINARY SHARES HAVE ATTACHED TO THEM FULL VOTING, DIVIDEND AND CAPITAL DISTRIBUTION (INCLUDING ON WINDING UP) RIGHTS; THEY DO NOT CONFER ANY RIGHTS OF REDEMPTION.

Statem	ent of Capita	al (Totals)		
Currency	GBP	Total number of shares	2	
		Total aggregate nominal value	2	

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 25/02/2016 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: CAROLINE SARA SUMMERS

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

Name: SARAH TAYLOR-WILLIAMS

Authorisation

Authenticated

This form was authorised by one of the following:

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