



Annual Return

Company Name: **APPI HEALTH GROUP LIMITED**

Company Number: **07682539**



X5CJE83K

Received for filing in Electronic Format on the: **02/08/2016**

Company Name: **APPI HEALTH GROUP LIMITED**

Company Number: **07682539**

Date of this return: **24/06/2016**

Sic Codes: **82990**

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

Situation of **10/14 ACCOMMODATION ROAD GOLDERS GREEN LONDON**

Registered Office: **NW11 8ED**

Officers of the company

Company Director 1

Type: **Person**
Full Forename(s): **MRS ELISA**
Surname: **WITHERS**
Service Address: **recorded as Company's registered office**

Country/State **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/10/1976** Nationality: **AUSTRALIAN**
Occupation: **DIRECTOR**

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Company Director 2

Type: **Person**
Full Forename(s): **MR GLENN ANTHONY**
Surname: **WITHERS**
Service Address: **recorded as Company's registered office**

Country/State **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/09/1975** Nationality: **BRITISH**
Occupation: **DIRECTOR**

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Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	10
Currency:	GBP	Aggregate nominal value:	10

Prescribed particulars

FULL VOTING RIGHTS AND FULL VOTING RIGHTS IN RESPECT OF DIVIDENDS

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	10
		Total aggregate nominal value:	10
		Total aggregate amount unpaid:	0

Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders as at 24th June 2016 or that had ceased to be shareholders since the made up date of the previous Annual Return.

A full list of shareholders for a private or non-traded public company are shown below.

Shareholding 1: **5 ORDINARY shares held as at the date of this return**
Name: **ELISA WITHERS**

Shareholding 2: **5 ORDINARY shares held as at the date of this return**
Name: **GLENN ANTHONY WITHERS**

Authorisation

Authenticated

This form was authorised by one of the following:

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

