



Companies House

**AR01** (ef)

**Annual Return**



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*Company Name:* **LIVE WELL PSYCHOLOGY LIMITED**

*Company Number:* **08348031**

*Date of this return:* **04/01/2014**

*SIC codes:* **86101**

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

*Situation of Registered Office:* **102 STREATFIELD ROAD  
HARROW  
MIDDLESEX  
ENGLAND  
HA3 9BT**

**Officers of the company**

## *Company Secretary 1*

*Type:* **Person**  
*Full forename(s):* **MRS HEMLATA**

*Surname:* **GOHIL**

*Former names:*

*Service Address:* **PINE WOOD CRAWLEY HILL  
SALISBURY ROAD  
WEST WELLOW  
HAMPSHIRE  
UNITED KINGDOM  
SO51 6AP**

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*Company Director*    ***I***

*Type:*                      **Person**

*Full forename(s):*        **DR KAJAL**

*Surname:*                **GOHIL**

*Former names:*

*Service Address:*        **102 STREATFIELD ROAD  
HARROW  
MIDDLESEX  
ENGLAND  
HA3 9BT**

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

*Date of Birth:*    **06/06/1980**                      *Nationality:*    **BRITISH**

*Occupation:*    **CLINICAL PSYCHOLOGIST**

## Statement of Capital (Share Capital)

<b>Class of shares</b>	<b>ORDINARY</b>	<i>Number allotted</i>	<b>100</b>
		<i>Aggregate nominal value</i>	<b>100</b>
<i>Currency</i>	<b>GBP</b>	<i>Amount paid per share</i>	<b>1</b>
		<i>Amount unpaid per share</i>	<b>0</b>

### *Prescribed particulars*

EACH SHARE HAS FULL RIGHTS IN THE COMPANY WITH RESPECT TO VOTING, DIVIDENDS AND DISTRIBUTIONS.

## Statement of Capital (Totals)

<i>Currency</i>	<b>GBP</b>	<i>Total number of shares</i>	<b>100</b>
		<i>Total aggregate nominal value</i>	<b>100</b>

### *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 04/01/2014 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* : 60 ORDINARY shares held as at the date of this return  
*Name:* KAJAL GOHIL

*Shareholding 2* : 40 ORDINARY shares held as at the date of this return  
*Name:* HEMLATA GOHIL

### *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

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