



Confirmation Statement

Company Name: **A F Medical Consultants Limited**

Company Number: **08548300**



Received for filing in Electronic Format on the: **11/05/2017**

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Company Name: **A F Medical Consultants Limited**

Company Number: **08548300**

Confirmation **01/05/2017**

Statement date:

## Statement of Capital (Share Capital)

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<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>100</b>
Currency:	<b>GBP</b>	Aggregate nominal value:	<b>100</b>

Prescribed particulars

**FULL VOTING RIGHTS. FULL RIGHTS TO PARTICIPATE IN DISTRIBUTIONS BY WAY OF DIVIDEND. FULL RIGHTS TO PARTICIPATE IN DISTRIBUTIONS AS RESPECTS CAPITAL. NO RIGHT TO BE REDEEMED AND THEY ARE NOT LIABLE TO BE REDEEMED AT THE OPTION OF THE COMPANY OR THE SHAREHOLDER.**

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## Statement of Capital (Totals)

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Currency:	<b>GBP</b>	Total number of shares:	<b>100</b>
		Total aggregate nominal value:	<b>100</b>
		Total aggregate amount unpaid:	<b>0</b>

# Persons with Significant Control (PSC)

## PSC notifications

### Notification Details

Date that person became **06/04/2016**  
registrable:

Name: **DR ANASTASIA FOTIADOU**

Service Address: **ST GEORGE'S HOUSE 14 GEORGE STREET  
HUNTINGDON  
CAMBRIDGESHIRE  
ENGLAND  
PE29 3GH**

Country/State Usually  
Resident: **ENGLAND**

Date of Birth: **\*\*/12/1974**

Nationality: **GREEK**

### Nature of control

The person has the right, directly or indirectly, to appoint or remove a majority of the board of directors of the company.

The person holds, directly or indirectly, 75% or more of the voting rights in the company.

The person holds, directly or indirectly, 75% or more of the shares in the company.

## **Changes to PSC details**

### **Details Prior to Change**

Name: **DR ANASTASIA FOTIADOU**

Date of Birth: **\*\*/12/1974**

### **New Details**

Date of Change: **16/12/2016**

## **Confirmation Statement**

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

# Authorisation

Authenticated

This form was authorised by one of the following:

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