



**Notice of Individual Person  
with Significant Control**

Company Name: **SHIRE HEALTH LTD**

Company Number: **08929945**



Received for filing in Electronic Format on the: **08/03/2018**

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## Notification Details

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

Name: **LYNDA FRALL**

Service Address: **FROGMARSH COTTAGE FROGMARSH  
CORSE LAWN  
GLOUCESTER  
GLOUCESTERSHIRE  
ENGLAND  
GL19 4PW**

Country/State Usually  
Resident: **ENGLAND**

Date of Birth: **\*\*/11/1974**

Nationality: **BRITISH**

### **Nature of control**

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

The person holds, directly or indirectly, more than 25% but not more than 50% of the voting rights in the company.

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### **Register entry date**

Register entry date      **06/04/2016**

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### **Authorisation**

Authenticated

This form was authorised by one of the following:

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