



Confirmation Statement

Company Name: **Phoenix Dental Care (Weymouth) Ltd**

Company Number: **09584420**



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Company Name: **Phoenix Dental Care (Weymouth) Ltd**

Company Number: **09584420**

Confirmation **11/05/2017**

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

**ALL RIGHTS ATTACHED, EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES, IS ENTITLED PARI PASSU TO DIVIDEND PAYMENTS OR ANY OTHER DISTRIBUTION AND IS ENTITLED PARI PASSU TO PARTICIPATE IN A DISTRIBUTION ARISING FROM A WINDING UP OF THE COMPANY**

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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: **MRS JOANNA MARY DICKENSON**

Service Address: **86 PORTLAND ROAD  
WEYMOUTH  
DORSET  
ENGLAND  
DT4 9AB**

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

Date of Birth: **\*\*/06/1959**

Nationality: **BRITISH**

### Nature of control

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

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

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

## Changes to PSC details

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### Details Prior to Change

Name: MRS JOANNA MARY DICKENSON

Date of Birth: \*\*/06/1959

### New Details

Date of Change: 01/05/2017

New Service Address: 86 PORTLAND ROAD  
WEYMOUTH  
DORSET  
ENGLAND  
DT4 9AB

## **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