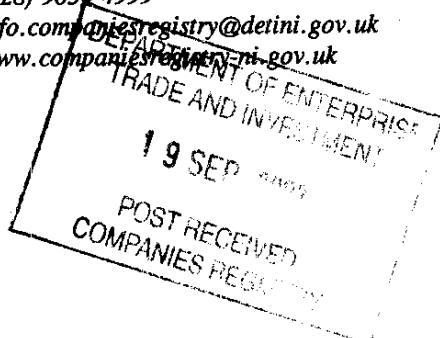


COMPANIES REGISTRY
IDB HOUSE
64 CHICHESTER STREET
BELFAST
BT1 4JX

Telephone: (028) 9054 1900
Facsimile: (028) 9054 4999
E-mail: info.companiesregistry@detini.gov.uk
Website: www.companiesregistry-ni.gov.uk



also 19
371s

ANNUAL RETURN

NI28724

NEWRY HEALTH VILLAGE MANAGEMENT
COMPANY LIMITED

PR LTD SH

13/08/2002

The information printed below is taken from Companies Registry records as at the date shown. If this information requires amendment use the spaces opposite. Please read the notes for guidance before completing the return.

DATE OF THIS RETURN (See note 1)

The information in this return should be made up to a date not later than 31/08/2002

DAY MONTH YEAR

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DATE OF NEXT RETURN

If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies Registry will then send a form at the appropriate time.

DAY MONTH YEAR

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REGISTERED OFFICE (See note 3)

This is the address registered by Companies Registry

53 UPPER DROMORE ROAD
WARRENPOINT
CO. DOWWN

BT34 3PN



PRINCIPAL BUSINESS ACTIVITIES (See note 4)

9600 RESIDENTS PROPERTY MANAGEMENT CO

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REGISTER OF MEMBERS (See note 5)
This address must be in Northern Ireland

If the information shown needs amendment,
give details below, and for secretary and
director particulars, the date of any change.

REGISTER OF DEBENTURE HOLDERS
(See note 6)
This address must be in Northern Ireland

Particulars of a new director or secretary
must be notified on form 296 (see note 7)

Company Secretary

MR RAYMOND
MCVERRY
8 CHERRY HILL
ROSTREVOR
NEWRY
CO. DOWN
BT34 3BD

If this person has ceased to be secretary/
director please state when.

DAY MONTH YEAR

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Particulars of a new director or secretary
must be notified on form 296 (see note 7)

Director

DR JOHN
DIGNEY
GREENWOOD GABLES
GREENAN ROAD
NEWRY
CO. DOWN
BT34 2PJ

DATE OF BIRTH: 21/11/1956

NATIONALITY: IRISH

OCCUPATION: MEDICAL PRACTITIONER

If this person has ceased to be a director/
secretary, please state when.

DAY MONTH YEAR

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Show any relevant current and previous
directorships.

If the information shown needs amendment,
give details below and the date of any
change.

Director

DR IAN CHARLES
HENRY
36 DRUMSESK ROAD
ROSTREVOR
CO. DOWN

BT34 3EG
DATE OF BIRTH: 25/02/1949
NATIONALITY: IRISH
OCCUPATION: GENERAL PRACTITIONER

If this person has ceased to be director/
secretary please state when.

DAY MONTH YEAR

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Show any relevant current and previous
directorships.

Director

DR RAYMOND
MCVERRY
8 CHERRY HILL
ROSTREVOR
NEWRY
CO. DOWN

BT34 3BD
DATE OF BIRTH: 20/10/1956
NATIONALITY: BRITISH
OCCUPATION: MEDICAL PRACTITIONER

If this person has ceased to be director/
secretary please state when.

DAY MONTH YEAR

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Show any relevant current and previous
directorships.

Director

DR JOHN COLIN
RADCLIFFE
36 GREENAN LOUGH ROAD
NEWRY
CO. DOWN

BT34 2PX
DATE OF BIRTH: 01/06/1964
NATIONALITY: BRITISH
OCCUPATION: MEDICAL PRACTITIONER

If this person has ceased to be director/
secretary please state when.

DAY MONTH YEAR

--	--	--

Show any relevant current and previous
directorships.

ISSUED SHARE CAPITAL (See note 8)
Enter details of all shares in issue at the date of this return.

CLASS	NUMBER	AGGREGATE NOMINAL VALUE
<u>01A</u>	<u>41580</u>	<u>14580</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	<u>41580</u>	<u>14580</u>

LIST OF PAST AND PRESENT MEMBERS
(See note 9)

(Use attached schedule and additional sheets where appropriate)

A full list is required if one was not included with either of the last two returns

Please mark appropriate box

There were no changes in the period

☒

A list of changes is enclosed

☐

A full list of members is enclosed

☐

ELECTIVE RESOLUTIONS (See note 10)
(Private companies only)

If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark the box.

☐

If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark the box.

☐

CERTIFICATE

I certify that the information given in this return is true to the best of my knowledge and belief.

SIGNED _____

Secretary/Director
(delete as appropriate)

DATE _____

Cheques should be made payable to the Department of Enterprise, Trade and Investment (DETI)

This return includes _____ continuation sheets.

To whom should Companies Registry direct any enquiries about the information shown in this return?

Telephone _____ Ext. _____