



Companies House

**AR01** (ef)

**Annual Return**



Received for filing in Electronic Format on the: **22/09/2014**

**X3G XO1UX**

*Company Name:* **EMERGENCY MEDICAL CARE (MID ULSTER)**

*Company Number:* **NI604377**

*Date of this return:* **10/09/2014**

*SIC codes:* **86210**

*Company Type:* **Private company limited by guarantee exempt under section 60**

*Situation of Registered Office:* **EMERGENCY MEDICAL CARE (MID ULSTER) 4A KING STREET  
MAGHERAFELT  
NORTHERN IRELAND  
BT45 6AR**

**Officers of the company**

## *Company Secretary 1*

*Type:* **Person**

*Full forename(s):* **EILEEN**

*Surname:* **DEVLIN**

*Former names:*

*Service Address:* **EMERGENCY MEDICAL CARE (MID ULSTER) 4A KING  
STREET  
MAGHERAFELT  
LONDONDERRY  
NORTHERN IRELAND  
BT45 6AR**

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*Company Director*    ***I***

*Type:*                      **Person**

*Full forename(s):*        **MRS EILEEN**

*Surname:*                **DEVLIN**

*Former names:*

*Service Address:*        **EMERGENCY MEDICAL CARE (MID ULSTER) 4A KING  
STREET  
MAGHERAFELT  
L'DERRY  
NORTHERN IRELAND  
BT45 6AR**

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

*Date of Birth:*    **12/12/1972**                      *Nationality:*    **IRISH**

*Occupation:*    **NONE**

*Company Director* 2

*Type:* **Person**

*Full forename(s):* **MARTHA**

*Surname:* **DONAGHY**

*Former names:*

*Service Address:* **EMERGENCY MEDICAL CARE (MID ULSTER) 4A KING  
STREET  
MAGHERAFELT  
CO DERRY  
NORTHERN IRELAND  
BT45 6AR**

*Country/State Usually Resident:* **NORTHERN IRELAND**

*Date of Birth:* **02/03/1937**

*Nationality:* **BRITISH**

*Occupation:* **NONE**

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*Company Director*    **3**

*Type:*                            **Person**  
*Full forename(s):*            **ANTOINE**

*Surname:*                      **MILNE**

*Former names:*

*Service Address:*            **EMERGENCY MEDICAL CARE (MID ULSTER) 4A KING  
STREET  
MAGHERAFELT  
LONDONDERRY  
NORTHERN IRELAND  
BT45 6AR**

*Country/State Usually Resident:*   **NORTHERN IRELAND**

*Date of Birth:*   **05/06/1989**                            *Nationality:*   **NORTHERN IRISH**

*Occupation:*    **NONE**

*Company Director* 4

*Type:* **Person**

*Full forename(s):* **MR WILLIAM**

*Surname:* **SHAW**

*Former names:*

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:* **SCOTLAND**

*Date of Birth:* **12/05/1953**

*Nationality:* **BRITISH**

*Occupation:* **FIRST AID INSTRUCTOR**

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### *Authorisation*

*Authenticated*

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

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