



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **31/03/2015**

X44DAS2Y

Company Name: **NORTHERN IRELAND LMCS LIMITED**

Company Number: **NI611771**

Date of this return: **20/03/2015**

SIC codes: **86210**

Company Type: **Private company limited by guarantee**

Situation of Registered Office: **BMA HOUSE 16 CROMAC PLACE, CROMAC WOOD
ORMEAU ROAD
BELFAST
NORTHERN IRELAND
BT7 2JB**

Officers of the company

Company Director ***I***

Type: **Person**

Full forename(s): **DR EAMON THOMAS JOSEPH**

Surname: **BLACK**

Former names:

Service Address: **ABBAY MEDICAL PRACTICE ABBEY STREET
LONDONDERRY
LONDONDERRY
BT48 8PH**

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

Date of Birth: **11/05/1959** *Nationality:* **IRISH**

Occupation: **GENERAL PRACTITIONER**

Company Director 2

Type: **Person**

Full forename(s): **DR JAMES RONALD**

Surname: **COURTNEY**

Former names:

Service Address: **PRIORY SURGERY 26 HIGH STREET
HOLYWOOD
CO DOWN
NORTHERN IRELAND
BT18 9HR**

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

Date of Birth: **19/03/1956** *Nationality:* **BRITISH**

Occupation: **GENERAL PRACTITIONER**

Company Director **3**

Type: **Person**

Full forename(s): **DR EUGENE DOMINICK MARTIN**

Surname: **DEENY**

Former names: **DEENY**

Service Address: **RATHMORE CLINIC BELLEEK
ENNISKILLEN
FERMANAGH
BT93 3FY**

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

Date of Birth: **21/09/1950** *Nationality:* **BRITISH**

Occupation: **GENERAL PRACTITIONER**

Company Director 4

Type: **Person**

Full forename(s): **DR MARTIN EUGENE**

Surname: **MCCLOSKEY**

Former names:

Service Address: **ABERFOYLE MEDICAL PRACTICE 120 STRAND ROAD
LONDONDERRY
CO LONDONDERRY
NORTHERN IRELAND
BT48 7PB**

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

Date of Birth: **11/07/1957** *Nationality:* **IRISH**

Occupation: **GENERAL PRACTITIONER**

Company Director **5**

Type: **Person**

Full forename(s): **DR WILLIAM ARNOLD**

Surname: **MCDOWELL**

Former names:

Service Address: **CLANRYE SURGERY NEWRY HEALTH VILLAGE
MONAGHAN STREET
NEWRY
CO DOWN
NORTHERN IRELAND
BT35 6BW**

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

Date of Birth: **10/04/1959** *Nationality:* **BRITISH**

Occupation: **GENERAL PRACTITIONER**

Company Director **6**

Type: **Person**
Full forename(s): **DR BRIAN GEORGE**

Surname: **PATTERSON**

Former names:

Service Address: **PORTGLENONE HEALTH CENTRE 17 TOWNHILL ROAD
PORTGLENONE
CO ANTRIM
NORTHERN IRELAND
BT44 8AD**

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

Date of Birth: **17/10/1952** *Nationality:* **BRITISH**

Occupation: **GENERAL PRACTITIONER**

Authorisation

Authenticated

This form was authorised by one of the following:

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