

363a

Please complete in typescript, or in bold black capitals.

Annual Return

CHFP000

Company number

Company name in full

IGAL A GENERAL SCRVICES LTY

Year

Date of this return

The information in this return is made up to

Day 12 6 110 15 113 10 10 19

Date of next return

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

Month

Registered Office

Show here the address at the date of this return

Any change of registered office must be notified on form 287

Post town

County/Region

KOTTAL PITTAN HOUSE

UK Postcode

Principal business activities

Show trade classification code number(s) for the principal activity or activities

If the code number cannot be determined, give a brief description of principal activity PRACTICE ACTIVITIES

A18

04/06/2009 COMPANIES HOUSE When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England or Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX ED235 Edinburgh 1 For companies registered in Scotland

DX 33050 Cardiff

or LP-4 Edinburgh 2

Desister of members		I	
Register of members If the register of members is registered office, state here	not kept at the	1	
	_		
	Post town		
	County/Region		
	UK Postcode		_
Register of Debentur If there is a register of deber duplicate of any such registe is not kept a the registered of	nture holders, or a er or part of it, which	L	
where it is kept	Post town		
	County/Region		
	UK Postcode		
Company type			
Public limited company	1		
Private company limite	d by shares		
Private company limite share capital	d by guarantee with	out .	
Private company limite section 30 Private company limite under section 30		<u></u>	Please tick the appropriate box
Private unlimited comp	any with share capil	al	
Private unlimited comp	any without share c	apital	
Company Secretary		Details of a new company	secretary must be notified on form 288a
* Voluntary details (Please photocopy Na	ıme *Stvle/Title	1 MRS.	
this area to provide details of joint secretaries).	Forename(s)	MARIA GORETA	7
†† Tick the box if the	Surnamo	ROVADEA	
address shown is a service address for the			
beneficiary of a Confidentiality Order granted under section	Address ††		m)
723B of the Companies Act 1985. Otherwise,			
give your usual residential address. In	Post town	EALING	
the case of a corporation or Scottish firm, give the registered or principal	County/Region	Lav) on	13 P H
office address.	UK Postcode	W 15 L L	B B H
If a partnership, give the names and addresses of the partners or the name			
of the partners or the name of the partnership and office address			

• Directors Please list the directors in alphabetical order • Voluntary details		tical order	Details of new directors must be notified on form 288a
In the case of a director that is a	Name	*Style/Title	DB.
corporation or a Scottish firm, the	Name	Style/ Title	
name is the corporate or firm name		Date of birth	Day Month Year [D
		Forename(s)	BENJAMIN ANTONY
		Surname	ROYAPPA
†† Tick the box if the address shown is a service address for the	ie	Address ††	97, GRANGE ROAD
beneficiary of a Confidentiality Order granted under section			
723B of the Companie Act 1985. Otherwise,		Post town	EALLYC
give your usual residential address. It the case of a	٠ (County/Region	Larryon
corporation or Scottis firm, give the register or principal office	sh ed	UK Postcode	IN ILL BRE
address.		Country	LENGIAY)
		Nationality	L BAITISH
	Busine	ess occupation	MEDICAL PRACTIONER (PARTTIME)
Directors Please list the directors * Voluntary details	s in alphab	etical order	Details of new directors must be notified on form 288a
In the case of a director that is a corporation or a	Name	*Style/Title	Day Month Year
Scottish firm, the name is the corporate or firm name		Date of birth	
		Forename(s)	L
tt Tick the box if the	.	Surname	
address shown is a service address for the beneficiary of a	he	Address ††	
Confidentiality Order granted under section	n L		
723B of the Compani Act 1985. Otherwise, give your usual		Post town	
residential address. the case of a		County/Region	
corporation or Scottish firm, give the registered or principal office		UK Postcode	
address.		Country	· L
		Nationality	·
	Busin	ess occupatior	

Issue share capital Enter details of all the shares in issue at the date of this return	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)	
	LORDINARY		\\ 2	
	Totals	ζ	12	
Traded public companies A traded public company means a company any of whose shares are shares admitted to trading on a regulated market	Please tick this box if your co public company at any time d this return			
List of past and present shareholders (use attached schedule where appropriate)	Please tick the appropriate bo	ox below:	On paper In another format	
Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.	A full list of shareholders for a private or non-traded public company is enclosed. Please complete Schedule A.			
Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two	A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. Please complete Schedule B.			
returns.	A list containing shareholder changes is enclosed			
	→ For private or non-trade complete Schedule A		IS e	
	→ For traded public companies, please complete Schedule B			
	There were no shareholder cl	hanges in this period		
Certificate	I certify that the information g knowledge and belief	iven in this return is true to	the best of my	
Signed	Ballago	Da Da	ate 26.5.2009	
* Please delete as appropriate When you have signed the return, send it with the fee to the Registrar of Companies. Make cheques payable to Companies House.	*(director / secretary) This return includes (ent	continuation sheets		
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.	MR.D. WILLOUGH 61 WAKWORTH TSLEWORTH MO DX number	GARJENS:	isp.	
			Page 4	

•Directors Please list the directors in a * Voluntary details	alphabetical order	Details of new directors must be notified on form 288a
corporation or a	ame *Style/Title	<u> </u>
Scottish firm, the name is the		Day Month Year
corporate or firm name	Date of birth	10 K10 K11 18 13 15
	Forename(s)	BENJAMIN ANTONY
†† Tick the box if the	Surname	ROYAPIA
address shown is a service address for the beneficiary of a	Address ††	97, GASNET ROA)
Confidentiality Order granted under section		
723B of the Companies Act 1985. Otherwise, give your usual	Post town	EALING
residential address. In the case of a	County/Region	Lardan.
corporation or Scottish firm, give the registered or principal office address.	UK Postcode	
aduress.	Country	ENGLAND
	Nationality	LBAITIJH
В	usiness occupation	MEDICAL PRACTITIONER (RANTIME)
Directors Please list the directors in a * Voluntary details	alphabetical order	Details of new directors must be notified on form 288a
In the case of a director that is a corporation or a	ame *Style/Title	
Scottish firm, the		Day Month Year
name is the corporate or firm name	Date of birth	
	Forename(s)	
†† Tick the box if the	Surname	
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723B of the Companies Act 1985. Otherwise, give your usual	Post town	
residential address. In the case of a	County/Region	
corporation or Scottish firm, give the registered or principal office		
address.	Country	<u></u>
В	usiness occupation	

Directors Please list the directors Voluntary details In the case of a	in alphabetical order	Details of new directors must be notified on form 288a
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corporate or firm name	Date of bir	th /
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residential address. In the case of a corporation or Scottis	County/Region	on [
firm, give the register or principal office		
address.	Count	y
	Nationali	ty
	Business occupation	on [
Directors		
Please list the directors * Voluntary details	in alphabetical order	Details of new directors must be notified on form 288a
* Voluntary details In the case of a director that is a	in alphabetical order Name *Style/Tit	
* Voluntary details In the case of a director that is a corporation or a Scottish firm, the	·	
* Voluntary details In the case of a director that is a corporation or a	·	ie
* Voluntary details In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm	Name *Style/Tit	ie Day Month Year
* Voluntary details In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm	Name *Style/Tit Date of bir Forename(Day Month Year
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* Voluntary details In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name †† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companie Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottis firm, give the register or principal office	Name *Style/Tit Date of bir Forename(Surnan Address Post tow County/Region UK Postcoo Count	Day Month Year th / /

This must only be completed by companies that have traded on a regulated market and must show the details of shareholders who held at least 5% of the issued shares of any class of the company at any time during the period

Schedule B for traded public companies List of past and present shareholders

Company number		_
Company name in full		. <u></u>
	1	

- > Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a list of all company shareholders who held at least 5% of the issued shares of any class of the company on:
 - The company's first annual return following incorporation
 - · Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index

List joint shareholders consecutively				
	Class and number of	Shares or amount of stock transferred (if appropriate)		
Shareholder's name and address	shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name				
Address				
UK Postcode L L L L L L L				
Name				
Address				
UK Postcode L L L L L L L				
Name				
Address				
UK Postcode L L L L L L L				
Name			-	
Address				
UK Postcode L L L L L L L				

Schedule B for traded public companies (continuation sheet)
List of past and present shareholders

Company number	1	_

	Class and number of	Shares or amount of stock transferred (if appropriate)		
Shareholder's name and address	shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name				
Address				
UK Postcode ∟ ∟ ∟ ∟ ∟ ∟ ∟				
Name				
Address				
	,			
	·			
UK Postcode L L L L L L L				
Name				
Address				
UK Postcode L L L L L L L L				
Name				
Address				
UK Postcode L L L L L L L				
Name				
		ļ ,		
Address				
UK Postcode L L L L L L L				

This must only be completed by private and public limited companies that have not traded on a regulated market

Schedule A for private or non-traded public companies List of past and present shareholders

(Please use a continuation sheet if required)

Company number

Company name in full

LONDON MEDICAL & GENERAL SERVICES EID

- Changes to shareholders' particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a "full list" of all company shareholders on:
 - The company's first annual return following incorporation
 - · Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- > List joint shareholders consecutively

Do not give shareholder address information

	Class and number of	Shares or amount of stock transferred (if appropriate)		
Shareholder's name only	shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name	OR) INGAT			
DR.B.A. ROYAFFA	ONE SHARE			
Name	OR) INACT ONE SHARE OR) LAR ONE SHARE			
MRS M.G. ROYALLA	ONE SHARE			
Name	- T			
Name				
Name				
Name				
Name				
Name				
Name		·		

Schedule A for private or non-traded public companies (continuation sheet) List of past and present shareholders

Company number	
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	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate)		
Shareholder's name only		Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name	-			
Name				
Name				
Name				
Name				
Name				
Name				
Name				
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Mana				
Name				
Name				
Name				
	<u> </u>			
Name				