



COMPANIES HOUSE

THE REGISTRAR OF COMPANIES
COMPANIES HOUSE
CROWN WAY
CARDIFF
CF4 3UZ



A08 *AJRR21ZU* 161
COMPANIES HOUSE 12/02/96

This form should be completed in black.

The information printed below is taken from Companies House records as at 19/01/96
If this information requires amendment use the spaces opposite.

Date of this return (See note 1)

The information in this return should be made up to a date not later than

Day	Month	Year
09	02	96

Date of next return (See note 2)

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

Registered Office (See note 3)

This is the address registered by Companies House.

THE SURGERY
WELLWAY
MORPETH
NORTHUMBERLAND NE61 1BJ

Principal business activities (See note 4)

Please enter trade classification(s)

If the code cannot be determined from the notes, give a brief description of principal activity.

TSB 18

002339

363s

Annual Return

of company number 03020162

J

company name

WELLWAY PHARMACY LIMITED

company type

PRIVATE COMPANY LIMITED BY SHARES

If you are making the return up to an earlier date, show the date here. Please note that the form must be delivered to Companies House within 28 days of this earlier date.

Day	Month	Year

Day	Month	Year

8	2	2	7				
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Retail and dispensing
Pharmacy

Register of members (See note 5)

03020162

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

The register is kept at

REGISTERED OFFICE

Register of debenture holders (See note 6)

Any register of debenture holders (or duplicate) is kept at

Company Secretary (See note 7)

Particulars of a new secretary **must** be notified on form 288.

DR
PETER
ANDERSON
THE BEECHES
LONGHIRST
MORPETH
NORTHUMBERLAND NE61 3LX

Day Month Year

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Date of any change.

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

Day Month Year

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Date of resignation.

Directors (See note 7)

Particulars of a new director **must** be notified on form 288.

DR
PETER
ANDERSON
THE BEECHES
LONGHIRST
MORPETH
NORTHUMBERLAND NE61 3LX

Day Month Year

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Date of any change.

Date of Birth:- 05/07/51
Nat:BRITISH
Occ:MEDICAL PRACTITIONER

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

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

Directors - continued

03020162

Particulars.

*

DR
GILLIAN BARBARA
FRASER
5 KINGS AVENUE
MORPETH
NORTHUMBERLAND NE61 1HX

Date of Birth:- 22/07/50
Nat:BRITISH
Occ:MEDICAL PRACTITIONER

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

Show any relevant current and previous directorships.

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

Day Month Year

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Date of any change.

Day Month Year

--	--	--

Date of resignation.

Particulars.

DR
JUSTIN JOHN
LAWSON
28 MIDDLEGATE
MORPETH
NORTHUMBERLAND NE61 2DD

Date of Birth:- 10/05/61
Nat:BRITISH
Occ:MEDICAL PRACTITIONER

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

Show any relevant current and previous directorships.

Day Month Year

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Date of any change.

DR
CHRISTOPHER
MARR
4 THE CROSSWAY
MORPETH
NORTHUMBERLAND NE61 2DA

Date of Birth:- 27/03/59
Nat:BRITISH
Occ:MEDICAL PRACTITIONER

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

Show any relevant current and previous directorships.

Day Month Year

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Date of resignation.

Directors - continued

03020162

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

Particulars.

Day Month Year

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Date of any change.

PAULINE ANGELA
ROBINSON
54 ROTHWELL ROAD GOSFORTH
NEWCASTLE UPON TYNE
TYNE AND WEAR NE3 1UA

Date of Birth:- 08/10/56
Nat:BRITISH
Occ:PHARMACIST

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

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

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Date of any change.

DR
KAREN JILL
THOMPSON
THE COTTAGE THREEWAYS
TRANWELL WOODS
MORPETH
NORTHUMBERLAND NE61 6AQ

Date of Birth:- 29/11/65
Nat:BRITISH
Occ:MEDICAL PRACTITIONER

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

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

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Date of any change.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES
OR DIRECTORS MUST BE NOTIFIED ON FORM 288.

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

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

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Date of any change.

Day	Month	Year

Date of resignation.

Particulars.

Day	Month	Year

Date of any change.

Day	Month	Year

Date of resignation.

Particulars.

Day	Month	Year

Date of any change.

Day Month Year

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Date of resignation.

Issued Share Capital (See note 8)

03020162

Class
(eg Ordinary/
Preference etc)

Number of
shares issued

Aggregate
nominal value

(ie Number of shares
issued multiplied by
nominal value per share)

Enter details of all shares in issue at the date of this return.

Ordinary	1000	£1000
Totals	1000	£1000

List of past and present members

(See note 9)

(Use attached schedule where appropriate)

Please mark the
appropriate box.

A full list is required.

A full list of members is enclosed

on paper

not on
paper

☒☐

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 this box.

☐

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

☐

Certificate

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

I enclose the fee of £18.

Cheques should be made payable
to Companies House.

Signed

P Anderson

Secretary/Director *

*(delete as appropriate)

Date

8/2/06.

This return includes 4 continuation sheets.
(enter number)

Please ensure that you have completed
all sections on this page.

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

Dr. P. ANDERSON

The Surgery

Weilway, MORPETH

Northumberland, NE61 1BJ

Tel: 0670 517300

Postcode

LIST OF PAST AND PRESENT MEMBERS (continued)

SCHEDULE TO FORM 363

Company Number: 03020162		Account of Shares		
Company Name: WELLWAY PHARMACY LIMITED		Number of shares or amount of stock held by existing members at date of this return.	Particulars of shares transferred since the date of the last return, or, in the case of the first return, since the incorporation of the company, by (a) persons who are still members, and (b) persons who have ceased to be members.	
Name and address	Number Currently Held	Number Transferred	Date of Registration of Transfer	Remarks
Peter Anderson The Beeches Longhurst Mottet NE613LX	218			
Gillian B Fraser 5 Kings Ave Mottet NE61 1HX	218			
Christopher Maw 4 Ten Crossway Mottet NE61 2DA	217			
Surtini J Lawson 28 Middlegate Mottet NE61 2DD	217			
Karen S Thompson The Cottage Teneways Trannell Mottet NE61 6AA	130			
Pauline A Robinson 54 Rothwell Rd Epsforth NE3 1UA	0			

LIST OF PAST AND PRESENT MEMBERS

SCHEDULE TO FORM 363[illegible]

Continued overleaf