

cs.a:b363a.1

Please complete in typescript, or in bold black capitals.



363a

Annual Return

Company Number	3020162
Company Name in full	Wellway Pharmacy Limited
* F 3 6 3 A D 3 0 *	
Date of this return (See note 1) The information in this return is made up to	Day Month Year 09 02 97
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.	Day Month Year
Registered Office (See note 3) Show here the address at the date of this return.	The Surgery
Any change of registered office Post town must be notified on form 287. County/Region	Wellway Morpeth Northumberland
Postcode	NE61 1BJ
Principal business activities	
Show trade classification code number(s) for the principal activity or activities.	5221
if the code number cannot be determined give a brief description of principal activity.	Pharmacists/Chemists



COMPANIES HOUSE 10/04/97

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 3UZ

for companies in England and Wales or DX 33050 Cardiff

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

for companies registered in Scotland

DX 235 Edinburgh

CS Company Secretary

Please complete in typescript, or in bold black capitals.

List of past and present members Schedule to form 363a, 363b

Company Number	302	0162			
Company Name in full	Well	way Pharmacy I	_imited		
		stock held existing member at date of the return. Number or	of the composition of the feature of	late of the last irst return, sind pany) by prsons who are prsons who hav Date of	or stock transferred since t return (or in the case of the encorporation of the still members, and e ceased to be members.
Name and address		amount currently held	amount Transferred	registration of transfer	Remarks
Peter Anderson The Beeches, Longhirst, Morpeth, Northumberland, NE 3LX, England	61	Ordinary 1			

Company No. 3020162 Register of Members (See note 5) Bulman House If the register of members is not kept at the registered office, state here where it is kept. Regent Centre Post town Gosforth Newcastle Upon Tyne County/Region Postcode NE3 3LS Register of Debenture Holders (See note 6) If there is a register of debenture holders and it is not kept at the registered office, state here where it is kept. Post town County/Region Postcode Company type (See note 7) Public limited company Private company limited by shares X Private company limited by guarantee without share capital Private company limited by shares exempt under section 30 Please mark the appropriate box. Private company limited by guarantee exempt under section 30 Private unlimited company with share capital Private unlimited company without share capital Company Secretary (See notes 1-5) Details of a new company secretary must be notified on form 288a. (Please photocopy Name *Style / Title Dr *Honours etc this area to provide details of joint secretaries). Forename(s) Peter Anderson Surname Previous forename(s) * Voluntary details. Previous surname(s) Address The Beeches

Usual residential address must be given. In the case of a corporation give the registered or principal office address.

Post town

County/Region

Country

Morpeth

England

Longhirst

•

Northumberland

Postcode

NE61 3LX

Please list directors		etical order.	Details of new directors must be no	otified on form 288	a.			
	Name	*Style / Title	Dr		Davi	Manadh	V	
		*Honours etc		Date of birth	Day 05	Month 07	Year 51	
		Forename(s)	Peter					
		Surname	Anderson					
	Previ	ous forename(s)						
	Prev	rious surname(s)						
	Address		The Beeches					
			Longhirst		<u>.</u>			
Usual residential address must be		Post town	Morpeth					
given. In the case of corporation give the	9	County/Region	Northumberland	Postcode	NE61	3LX		
registered or princip office address.	oal	Country	England	Nationality	British	1		
	Business occupation		Medical Practitioner					
	Other dire	ectorships	Cairndell Limited					
* Voluntary details.			Wellway Contracts Limited					
	Name	*Style / Title	Dr		Day	Month	Year	
		*Honours etc		Date of birth	22	07	50	
Forename(s) Surname			Gillian Barbara					
			Fraser					
	Previ	ous forename(s)						
Previous surname(s) Address								
			5 Kings Avenue					
Usual residential address must be		Post town	Morpeth					
given. In the case o corporation give the registered or princip	e County/Region		Northumberland	Postcode	NE61	1HX		
office address.	, wi	Country	England	Nationality	British	າ 		
	Business occupation		Medical Practitioner					
	Other dire	ctorships	Cairndell Limited					
Wellway Contracts Limited								

Directors (See no		nation order	Details of new directors must be notified on form 288a.					
Please list directors in alphabetical order. Name *Style / Title		Dr						
				Г	Day	Month	Year	
		*Honours etc		Date of birth	10	05	61 	
		Forename(s)	Justin John				-	
		Surname	Lawson					
	Prev	ious forename(s)						
	Pre	vious surname(s)		· · · · · · · · · · · · · · · · · · ·		<u>.</u>		
Address			28 Middlegate					
			Loansdean				····	
Usual residential address must be		Post town	Morpeth				· ·	
given. In the case corporation give th registered or princi	e	County/Region	Northumberland	Postcode	NE61	NE61 2DD		
office address.	pai	Country	England	Nationality	Britisl	h		
	Business	occupation	Medical Practitioner					
Other directorships			Wellway Contracts Limited					
* Voluntary details.								
						· ,,,		
	Name	*Style / Title	Dr		Day	Month	Year	
		*Honours etc		Date of birth	27	03	59	
		Forename(s)	Christopher					
		Surname	Marr					
Previous forename(s)								
	Prev	rious surname(s)						
Address			4 The Crossway					
Usual residential address must be		Post town	Morpeth					
given. In the case o corporation give the	•	County/Region	Northumberland	Postcode	NE61	2DA		
registered or princip office address.	oai	Country	England	Nationality	British	<u> </u>		
	Business	occupation	Medical Practitioner					
	Other dire	ectorships	Wellway Contracts Limited				·	

Directors (See not Please list directors		etical order.	Details of new directors must be notified on form 288a.						
	Name	*Style / Title	Ms		Day	Month	Year		
		*Honours etc		Date of birth	08	10	56		
		Forename(s)	Pauline Angela						
		Surname	Robinson						
	Previ	ous forename(s)				<u>.</u>			
	Prev	vious surname(s)		<u> </u>		. .			
Address			54 Rothwel Road		<u> </u>				
			Gosforth						
Usual residential address must be		Post town	n Newcastle upon Tyne						
given. In the case of corporation give the	•	County/Region	Tyne and Wear	Postcode	NE3 1	NE3 1UA			
registered or princip office address.	oal	Country	England	Nationality	British				
	Business	occupation	Pharmacist						
	Other dire	ectorships	None						
* Voluntary details.									
	Name	*Style / Title	Dr		Day	Month	Year		
		*Honours etc		Date of birth	29	11	65		
		Forename(s)	Karen Jill						
		Surname	Thompson						
Previous forename(s)									
Previous surname(s)		ious surname(s)							
Address			The Cottage						
			Threeways, Tranwell Woods						
Usual residential address must be		Post town	Morpeth						
given. In the case o corporation give the	e County/Region		Northumberland Postcod		NE61 6AQ				
registered or princip office address.			England	Nationality	Britis	1			
	Business	occupation	Medical Practitoner						
	Other dire	ectorships	None						

Company No. 3020162

Enter details of all 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)			
	Ordinary	1	£ 1.00			
	f Totals	1	1.00			
List of Past and Present Members (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns.	There were no changes in t					
(See note 10)	A list of changes is enclose	on paper	in another format			
	A full list of members is end	closed X				
Elective Resolutions (Private companies only) (See note 11)	If at the date of this return an election is in force to dispense with annual general meetings, mark this box					
,	If at the date of this return a laying accou	an election is in force to ints in general meetings	dispense with , mark this box			
Certificate	I certify that the information knowledge and belief.	n given in this return is t	rue to the best of my			
Signed † Please delete as appropriate.	T a director / secretary	200 Date	x 27/3/97			
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	This return includes	(enter number)	inuation sheets.			
Please give the name, address, telephone number and, if available, a DX number and Exchange of	R Tait Walker & Co Bulman House Regent Centre					
the person Companies House should contact if there is any query.	Gosforth NE3 3LS	Tel 0191 285 0321				
	DX number 60368	DX exchange Gosfo	orth			