COMPANIES HOUSE

ES TSR 000319

363s

Annual Return

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

of company number 03020162 J

company name
WELLWAY PHARMACY LIMITED

company type
PRIVATE COMPANY LIMITED BY SHARES

This form should be completed in black.

The information printed below is taken from Companies House records as at 26/01/99
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	99

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

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)*

This is the address registered by Companies House.

THE SURGERY
WELLWAY
MORPETH
NORTHUMBERLAND NE61 1BJ

Principal business activities *(See note 4)*

Trade classification is
5231 DISPENSING CHEMISTS

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

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

Register of members *(See note 5)*

The register is kept at

BULMAN HOUSE
REGENT CENTRE
GOSFORTH
NEWCASTLE UPON TYNE NE3 3LS

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.

Day Month Year | | | | Date of any change.

DR
PETER
ANDERSON
THE BEECHES
LONGHIRST
MORPETH
NORTHUMBERLAND NE61 3LX

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

Day Month Year | | | | Date of resignation.

Directors *(See note 7)*

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

Day Month Year | | | | Date of any change.

DR
PETER
ANDERSON
THE BEECHES
LONGHIRST
MORPETH
NORTHUMBERLAND NE61 3LX

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 | | | | Date of resignation.

Show any relevant current and previous directorships.

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

Directors - continued

Particulars.

DR
MICHAEL EDWARD
GREENAWAY
ASHBURY 4 13 GRANVILLE ROAD
JESMOND
NEWCASTLE UPON TYNE NE2 1TP

Day Month Year

Date of any change.

Date of Birth:- 25/12/70
Nat:BRITISH
Occ:GENERAL PRACTIONER

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

Day Month Year

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

DR
JUSTIN JOHN
LAWSON
28 MIDDLEGATE
LOANSDEAN
MORPETH
NORTHUMBERLAND NE61 2DD

Day Month Year

Date of any change.

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

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

Day Month Year

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

DR
CHRISTOPHER
MARR
4 THE CROSSWAY
MORPETH
NORTHUMBERLAND NE61 2DA

Day Month Year

Date of any change.

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

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

Day Month Year

Date of resignation.

Show any relevant current and previous directorships.

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

Directors - continued

Particulars.

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

Day Month Year

Date of any change.

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

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

Day Month Year

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

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

Day Month Year

Date of any change.

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

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

Date of any change.

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

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

Day Month Year

Date of resignation.

Show any relevant current and previous directorships.

03020162

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

Directors - continued

Particulars.

Day Month Year

Date of any change.

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

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

Day Month Year

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

Date of any change.

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

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

Day Month Year

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

Date of any change.

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

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

Day Month Year

Date of resignation.

Show any relevant current and previous directorships.

03020162

Issued Share Capital *(See note 8)*

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

Class *(eg Ordinary/ Preference etc.)*	Number of shares issued	Aggregate nominal value *(ie Number of shares issued multiplied by nominal value per share)*
ORDINARY	1	1.00
Totals	1	1.00

List of past and present members

(See note 9)
(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

Please mark the appropriate box.

There were no changes in the period [X]

The last full members list was at 09/02/97

	on paper	not on paper
A list of changes is enclosed	[ ]	[ ]
A full list of members is enclosed	[ ]	[ ]

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 £ 15.

Cheques should be made payable to **Companies House.**

Signed .....

Secretary/~~Director~~ *

**(delete as appropriate)*

Date 24/6/99

This return includes 0 *(enter number)* continuation sheets.

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?

R TAIT WALKER & CO.
BULMAN HOUSE, REGENT CENTRE,
GOSFORTH, NEWCASTLE UPON
TYNE Postcode NE3 3LS

Telephone (0191) 2850321 Ext 172