



Companies House
— for the record —

AR01 (ef)

Annual Return



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Company Name: **HANDS-ON HEALTH LIMITED**

Company Number: **03063468**

Date of this return: **01/06/2012**

SIC codes: **86900**

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

Situation of Registered Office: **10 QUARRY ROAD
WANDSWORTH
LONDON
SW18 2QJ**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **DEIRDRE ELIZABETH**

Surname: **DOLAN**

Former names:

Service Address: **10 QUARRY ROAD
WANDSWORTH
LONDON
SW18 2QJ**

Company Director ***1***

Type: **Person**

Full forename(s): **DEIRDRE ELIZABETH**

Surname: **DOLAN**

Former names:

Service Address: **10 QUARRY ROAD
WANDSWORTH
LONDON
SW18 2QJ**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **28/03/1944** *Nationality:* **BRITISH**

Occupation: **NURSE & TEACHER**

Company Director **2**

Type: **Person**

Full forename(s): **MR SIMON DESMOND**

Surname: **DOLAN**

Former names:

Service Address: **10 QUARRY ROAD
WANDSWORTH
LONDON
SW18 2QJ**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **28/05/1940**

Nationality: **BRITISH**

Occupation: **SECRETARY**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	1
		<i>Aggregate nominal value</i>	1
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES-THIS WORDING WILL REFLECT THE GENERAL LEGAL POSITION OF ONE MEMBER ONE VOTE UNDER SECTION 284 COMPANIES ACT 2006

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	1
		<i>Total aggregate nominal value</i>	1

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 01/06/2012 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **1 ORDINARY shares held as at the date of this return**
Name: **DEIRDRE DOLAN**

Authorisation

Authenticated

This form was authorised by one of the following:

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