

714681-225

**363a**

Please complete in typescript,  
or in bold black capitals.

## Annual Return

CHFP010

**Company Number**

03137456

**Company Name in full**

THE BULLEN HEALTHCARE GROUP LIMITED

### Date of this return

The information in this return is made up  
to

Day		Month		Year			
3	1	1	2	2	0	0	4

### Date of next return

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

Show here the address at the date of  
this return.

DSG, CASTLE CHAMBERS, 43 CASTLE STREET

Any change of  
registered office **must**  
be notified on form  
287.

Post town

LIVERPOOL

County / Region

MERSEYSIDE

UK Postcode

L2 9TL

### Principal business activities

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

5242

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

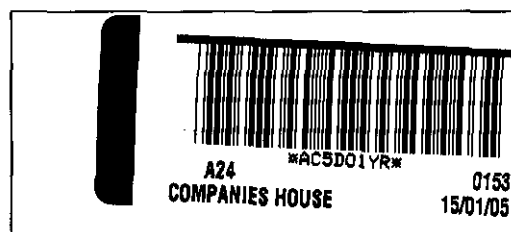
When you have completed and signed the form please send it to the  
gistrar of Companies at:

**Companies House, Crown Way, Cardiff, CF14 3UZ**  
companies registered in England and Wales

**DX 33050 Cardiff**

**Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB**  
companies registered in Scotland

**DX 235 Edinburgh**



**Register of members**

If the register of members is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

**Register of Debenture holders**

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state where it is kept.

Post town

County / Region

UK Postcode

**Company type**

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

☐☒☐☐☐☐☐

Please tick the appropriate box

**Company Secretary**

(Please photocopy this area to provide details of joint secretaries).

\* Voluntary details.

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Name

\* Style / Title

Forename(s)

Surname

Address

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

PAUL

GRIFFIN

2 MANION AVENUE, LYDIATE

Post town

County / Region

UK Postcode

Country

LIVERPOOL

L31 4ED

UK

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

**Directors***Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

**Directors** In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

**Name**

\* Style / Title

MISS

Day Month Year

Date of birth

1 3 0 3 1 9 7 3

Forename(s)

LOUISE CATHERINE

Surname

BULLEN

**Address**

7 MOUNT STREET

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

Post town

LIVERPOOL

County / Region

MERSEYSIDE

UK Postcode

L1 9HD

Country

Nationality

British

**Business occupation**

Company Director

\* Voluntary details.

**Name**

\* Style / Title

Mr

Day Month Year

Date of birth

2 5 1 1 1 9 3 9

Forename(s)

PETER FRANCIS

Surname

BULLEN

**Address**

OROTAVA, ACREFIELD ROAD, WOOLTON

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

Post town

LIVERPOOL

County / Region

MERSEYSIDE

UK Postcode

L25 5JP

Country

UK

Nationality

BRITISH

**Business occupation**

company chairman

**Directors***Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

**Directors** In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

**Name** \* Style / Title | MR

Day Month Year  
Date of birth | 2 | 1 | 1 | 1 | 1 | 9 | 7 | 0

Forename(s) | PAUL ANTHONY

Surname | BULLEN

**Address** | 7 MOUNT STREET

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

Post town | LIVERPOOL

County / Region | MERSEYSIDE UK Postcode | L1 9HD

Country | Nationality | British

**Business occupation** | Company Director

\* Voluntary details.

**Name** \* Style / Title |

Day Month Year  
Date of birth | 1 | 4 | 0 | 3 | 1 | 9 | 4 | 9

Forename(s) | JOHN

Surname | CHARLES

**Address** | 2 BATTERY LANE, MARTINSCROFT

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

Post town | WARRINGTON

County / Region | CHESHIRE UK Postcode | WA1 4QF

Country | ENGLAND Nationality | British

**Business occupation** | Company Director

**Issued 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)

ORDINARY	50,000	£50,000.00
<b>Totals</b>	50,000	50,000.00

**List of past and present shareholders**

(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 the period

☒

on paper

in another format


A list of changes is enclosed

☐☐

A full list of shareholders is enclosed

☒☐**Certificate**

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

**Signed****Date**

6.1.05

† Please delete as appropriate.

† a director / secretary

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

1

continuation sheets.

(enter number)

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

DSG, CASTLE CHAMBERS, 43 CASTLE STREET, LIVERPOOL,

MERSEYSIDE, L2 9TL, ENGLAND

Tel

DX number

DX exchange

# List of past and present shareholders Schedule to form 363a

CHFP010

Company Number 03137456

Company Name in full THE BULLEN HEALTHCARE GROUP LIMITED

- 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 the company shareholders on:
  - The company's first annual return following the 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

Shareholders' details	Shares or amount of stock transferred (if appropriate)		
	Class and number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer
Name GLORIA NORMA BULLEN  Address OROTAVA, ACREFIELD ROAD, WOOLTON, LIVERPOOL, MERSEYSIDE, UK  UK postcode L25 5JP	£1.00 ORDINARY          Shares Held 12,271		
Name PETER FRANCIS BULLEN  Address OROTAVA, ACREFIELD ROAD, WOOLTON, LIVERPOOL, MERSEYSIDE, UK  UK postcode L25 5JP	£1.00 ORDINARY          Shares Held 36,366		
Name NORA EMILY MEADOWS  Address 4 BENTY FARM GROVE, IRBY, WIRRAL, CHESHIRE  UK postcode	£1.00 ORDINARY          Shares Held 1,363		