



Companies House
— for the record —

AR01 (ef)

Annual Return



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Received for filing in Electronic Format on the: **09/10/2009**

Company Name: **HEALTHCARE PROPERTIES (OXFORD) LIMITED**

Company Number: **04556634**

Date of this return: **08/10/2009**

SIC codes: **7020**

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

Situation of Registered Office: **31A ST JAMES'S SQUARE
LONDON
SW1Y 4JR**

Officers of the company

Company Secretary **I**

Type: **Person**

Full forename(s): **RICHARD JOSEPH**

Surname: **BORG**

Former names:

Service Address: **63 NECTON ROAD
WHEATHAMPSTEAD
HERTFORDSHIRE
AL4 8AT**

Company Director **1**

Type: **Person**

Full forename(s): **RALPH MARTIN**

Surname: **BENEY**

Former names:

Service Address: **AUGUST PITTS FARMHOUSE
CHURN LANE
HORSMONDEN
KENT
TN12 8HW**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **23/03/1961**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

Company Director **2**

Type: **Person**

Full forename(s): **RICHARD JOSEPH**

Surname: **BORG**

Former names:

Service Address: **63 NECTON ROAD
WHEATHAMPSTEAD
HERTFORDSHIRE
AL4 8AT**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **24/12/1966** *Nationality:* **BRITISH**

Occupation: **COMPANY DIRECTOR**

Statement of Capital (Share Capital)

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

Prescribed particulars

(A) - (C) THE REGULATIONS CONTAINED IN TABLE A IN THE SCHEDULE TO THE COMPANIES (TABLES A TO F) REGULATIONS 1985 AS AMENDED BY THE COMPANIES (TABLES A TO F) (AMENDMENT) REGULATIONS 1985 SHALL APPLY. (D) THE SHARES ARE NOT REDEEMABLE.

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 08/10/2009 or that had ceased to be shareholders since the made up date of the previous Annual Return

Presenter information

Contact Name:

Address:

Authorisation

Authenticated

This form was authorised by one of the following:

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