



Companies House

**CS01** (ef)

**Confirmation Statement**

Company Name: **EXECUTIVE HEALTH CARE LIMITED**

Company Number: **04851843**



Received for filing in Electronic Format on the: **30/06/2017**

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Company Name: **EXECUTIVE HEALTH CARE LIMITED**

Company Number: **04851843**

Confirmation **27/06/2017**

Statement date:

## Statement of Capital (Share Capital)

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<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>100</b>
Currency:	<b>GBP</b>	Aggregate nominal value:	<b>100</b>

Prescribed particulars

**VOTING. THE HOLDER OF ORDINARY SHARES SHALL BE ENTITLED TO ONE VOTE ON A SHOW OF HANDS AND ONE VOTE ON A POLL IN RESPECT OF EACH ORDINARY SHARE HELD. DIVIDEND DISTRIBUTION RIGHTS. ALL DIVIDENDS MUST BE DECLARED AND PAID ACCORDING TO THE AMOUNTS PAID UP ON EACH ORDINARY SHARE ON WHICH THE DIVIDEND IS PAID AND APPORTIONED AND PAID PROPORTIONATELY TO THE AMOUNTS PAID UP ON THE SHARES DURING ANY PORTION OR PORTIONS OF THE PERIOD IN RESPECT OF WHICH THE DIVIDEND IS PAID. CAPITAL DISTRIBUTION RIGHTS. ON A DISTRIBUTION OF ASSETS, THE BALANCE OF ANY ASSETS AVAILABLE FOR DISTRIBUTION TO THE HOLDERS OF ORDINARY SHARES SHALL BE PAID TO THEM IN PROPORTION TO THE NUMBER OF ORDINARY SHARES HELD. REDEMPTION RIGHTS. THE ORDINARY SHARES ARE NOT REDEEMABLE OR LIABLE TO BE REDEEMED**

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## Statement of Capital (Totals)

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Currency:	<b>GBP</b>	Total number of shares:	<b>100</b>
		Total aggregate nominal value:	<b>100</b>
		Total aggregate amount unpaid:	<b>0</b>

## Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

Shareholder information for a non-traded company as at the confirmation statement date is shown below

Shareholding 1: **100 transferred on 2017-06-16**  
**0 ORDINARY shares held as at the date of this confirmation statement**  
Name: **SYSTEM CYCLE LIMITED**

Shareholding 2: **100 ORDINARY shares held as at the date of this confirmation statement**  
Name: **PAPILLON CARE LIMITED**

## **Confirmation Statement**

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

# Authorisation

Authenticated

This form was authorised by one of the following:

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