

BLUEPRINT

2000

104012/30
363a

Please complete in typescript,
or in bold black capitals.

Annual Return

CHFP010

Company Number | 5455468**Company Name in full** | MAYFLOWER HOSPITALS LIMITED**Date of this return**

The information in this return is made up
to

Day		Month		Year	
1	8	0	5	2	0
				0	9

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.

1 LUMLEY STREET, MAYFAIR

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

Post town | LONDON**County / Region** |**UK Postcode** | W1K 6TT**Principal business activities**

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

7499

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
Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff
for companies registered in England and Wales or
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for companies registered in Scotland DX ED235 Edinburgh 1
or LP-4 Edinburgh 2

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 here 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

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

Name

* Style / Title

Forename(s)

Surname

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

JD SECRETARIAT LIMITED

Address ††

1 LUMLEY STREET, MAYFAIR

Post town

LONDON

County / Region

UK Postcode

W1K 6TT

Country

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

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

Directors

Please list directors in alphabetical order.

* Voluntary details.

Name

* Style / Title

MR.

Day Month Year

Date of birth

2 2 0 6 1 9 7 8

Forename(s)

BHANU

Surname

CHOUDHRIE

☐

Address ††

51 CHESTER SQUARE

Post town

LONDON

County / Region

UK Postcode

SW1W 9EA

Country

Nationality

INDIAN

Business occupation

COMPANY DIRECTOR

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

Details of new directors must be notified on form 288a

Directors

Please list directors in alphabetical order.

* Voluntary details.

Name

* Style / Title

Day Month Year

Date of birth

Forename(s)

Surname

☐

Address ††

Post town

County / Region

UK Postcode

Country

Nationality

Business occupation

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

Details of new directors must be notified on form 288a

Issue 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	2	£2.00
Totals	2	2.00

Traded public companies

A traded public company means a company any of whose shares are shares admitted to trading on a regulated market

Please tick this box if your company was a traded public company at any time during the period of this return

☐**List of past and present shareholders**

(use attached schedule where appropriate)

Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.

Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two returns.

Please tick the appropriate box below:

A full list of shareholders for a private or non-traded public company is enclosed. **Please complete Schedule A.**on paper in another
format☒☐A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. **Please complete Schedule B.**☐☐

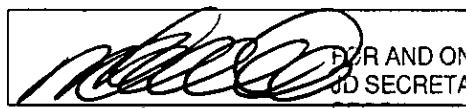
A list containing shareholder changes is enclosed

☐☐→ For private or non-traded public companies, **please complete Schedule A**→ For traded public companies, **please complete Schedule B**

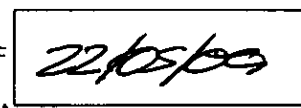
There were no shareholder changes in this period

☐**Certificate**

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

Signed

† (director / secretary)

FOR AND ON BEHALF OF
THE SECRETARY LTD.
SECRETARY TO THE COMPANY**Date**

† Please delete as appropriate.

When you have signed the return send it with the fee to the Registrar of Companies. Make cheques payable to Companies House.

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

This return includes

1

continuation sheets.

(enter number)

JEFFCOTE DONNISON LLP, 5TH FLOOR, 1 LUMLEY STREET,
LONDON, W1K 6TTTel: 020 7399 3100
Fax: 020 7408 2435

DX number _____ DX exchange _____

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Schedule A
for private or non-traded public companies
List of past and present shareholders

(Please use a continuation sheet if required)

CHFP010

Company Number | 5455468

Company Name in full | MAYFLOWER HOSPITALS LIMITED

This must only be completed by private and public limited companies that have not traded on a regulated market

- 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 incorporation
 - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order to provide an index
- List joint shareholders consecutively

Do not give shareholder address information

Shareholder's name only	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate)	
		Class and number of shares or amount of stock transferred	Date of registration of transfer
Name JD SECRETARIAT LIMITED	£1.00 Ordinary		
Name LUMLEY MANAGEMENT LIMITED	£1.00 Ordinary		
Name			