



Companies House
— for the record —

AR01 (ef)

Annual Return



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Company Name: **OCTAVIA HEALTHCARE LIMITED**

Company Number: **05745742**

Date of this return: **16/03/2011**

SIC codes: **7499**

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

Situation of Registered Office: **11 ILMINGTON CLOSE
HATTON PARK
WARWICK
WARWICKSHIRE
CV35 7TL**

Officers of the company

Company Director ***I***

Type: **Person**

Full forename(s): **DAVID JOHN**

Surname: **GRIFFITHS**

Former names:

Service Address: **5 DUKES FIELD
DOWN AMPNEY
CIRENCESTER
GLOUCESTERSHIRE
GL7 5PQ**

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

Date of Birth: **20/11/1962** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITITONER**

Company Director 2

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

Surname: **GRIFFITHS**

Former names:

Service Address: **5 DUKES FIELD
DOWN AMPNEY
CIRENCESTER
GLOUCESTERSHIRE
GL7 5PQ**

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

Date of Birth: **24/02/1967** *Nationality:* **BRITISH**

Occupation: **NONE**

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.

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 16/03/2011 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for a private or non-traded public company are shown below

Shareholding 1 : 1 ORDINARY shares held as at 2011-03-16
Name: DAVID JOHN GRIFFITHS

Authorisation

Authenticated

This form was authorised by one of the following:

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