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Please complete in typescript, or in bold black capitals.

## **Annual Return**

CHFP000

(	Company number 06013910		
Company name in full		Orthodontics Plus Ltd	
Data of this roturn		Day Month Year	
Date of this return The information in this		2 7 1 1 2 1 2 0 0 8	
Date of next retur	m	Day Month Year	
If you wish to make your next return to a date earlier than the anniversary of this return please show that date here. Companies House will then send a form at the appropriate time.			
Registered Office	9	S J Mayled & Associates Ltd	
Show here the address at the date of this return		Cottage Farm	
Any change of registered office	Post town	Michaelston Le Pit	
must be notified on form 287	County/Region	Vale of Glamorgan	
	UK Postcode	C F 6 4 4 H E	
Principal busines	ss activities	j8514	
Show trade classification code number(s) for the principal activity or activities			
If the code number cannot be determined, give a brief description of principal activity			



27/02/2009 COMPANIES HOUSE When you have completed and signed the form please send it to the

Registrar of Companies at:

Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ

Companies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 Cardiff
for companies registered in England or Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX ED235 Edinburgh 1

or LP-4 Edinburgh 2

Register of members				
If the register of members is registered office, state here	not kept at the			
registered office, state fiere	mere it is kept			
	Post town			
	County/Region			
	UK Postcode			
Decister of Debautur	a baldana	I		
Register of Debentur If there is a register of deber				
duplicate of any such registers is not kept at the registered of				
where it is kept				
	Post town			
	County/Region			
	UK Postcode			
Company type				
Public limited company	1			
Private company limite	d by shares			
Private company limite share capital	d by guarantee with	out		
Private company limite	d by shares exempt	under Please tick the appropriate box		
section 30 Private company limite	d by guarantee exer			
under section 30				
Private unlimited comp	any with share capit	aı		
Private unlimited comp	any without share ca	apital		
Company Secretary		Details of a new company secretary must be notified on form 288a		
* Voluntary details (Please photocopy this area to provide	ıme *Style/Title	DR		
details of joint secretaries).	Forename(s)	PHILIP		
†† Tick the box if the	Surname	ATKIN		
address shown is a service address for the beneficiary of a		LITTLE PEN ONN		
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.	Post town	LLANCARFAN		
	County/Region	VALE OF GLAMORGAN		
	UK Postcode	C F 6 2 3 A G		
If a partnership, give the		UNITED KINGDOM		
names and addresses of the partners or the name of the partnership and office address	Country	OTTLE THROUGH		
		Page 2		

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Directors Please list the directors in alphabetical order * Voluntary details in the case of a director that is a			Details of new directors must be notified on form 288a
orrector trait is a corporation or a Scottish firm, the name is the corporate or firm name	Name	*Style/Title	·
		Data deliale	Day Month Year
			0 4 / 0 1 / 1 9 7 0
†† Tick the box if the address shown is a service address for the beneficiary of a			CHARLOTTE
			ECKHARDT
	•	Address ††	LITTLE PEN ONN
Confidentiality Order granted under section			
723B of the Companie: Act 1985. Otherwise, give your usual	5	Post town	LLANCARFAN
residential address. In the case of a	С	ounty/Region	VALE OF GLAMORGAN
corporation or Scottist firm, give the registere or principal office	h		C F 6 2 3 A G
address.		Country	
		-	BRITISH
	Busines		ORTHODONTIST
<b>Directors</b> Please list the directors * Voluntary details	in alphabe	tical order	Details of new directors must be notified on form 288a
In the case of a director that is a	Name	*Style/Title	
corporation or a Scottish firm, the name is the			Day Month Year
corporate or firm name		Date of birth	
		Forename(s)	
†† Tick the box if the		Surname	
address shown is a service address for the	9	Address ††	
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.			<u>L</u>
		Post town	
	С	ounty/Region	
	h	UK Postcode	
		Country	
		Nationality	
	D	_	
	DUSINES	ss occupation	
			Page 3

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	<u> </u>	£1	
		l		
		L		
	Totals		£1	
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 public company at any time this return			
List of past and present shareholders (use attached schedule where appropriate)	chareholders Please lick the appropriate box below. On paper form			
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.	A full list of shareholders for a private or non-traded public company is enclosed. Please complete Schedule A.			
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	r is			
returns.	A list containing shareholde	er changes is enclosed		
	→ For private or non-tra complete Schedule	aded public companies, <b>pl</b> e • <b>A</b>	ease	
	→ For traded public cor Schedule B	mpanies, <b>please complet</b> e	•	
	There were no shareholde	r changes in this period		
Certificate	I certify that the information knowledge and belief	n given in this return is true	to the best of my	
Signed	Gled		Date 067-09 .	
*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.	*(director / secretary) This return includes	continuation sheets (enter number)	3	
You do not have to give any contact information in the box opposite but if	S J Mayled			
you do, it will help Companies House to contact you if there is a query on the	PO Box 79, Penarth CF6	64 4YZ		
form. The contact information that you give will be visible to searchers of the				
public record.	DX number	DX exchange [		
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This must only be completed by private and public limited companies that have not traded on a regulated market

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

Company number	06013910	(Please use	e a continuation sheet if required)
Company name in full	Orthodontics Plus Ltd		
	<u></u>	<u>.</u>	

- > 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 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 or provide an index
- > List joint shareholders consecutively

## Do not give shareholder address information

	Class and number of	Shares or amount of stock transferred (if appropriate)		
Shareholder's name only	shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name DR CHARLOTTE ECKHARDT	ORDINARY X 1			
Name				
Name			•	
Name				
Name				
Name				
			i.	
Name				
Name				
Name				
	<u> </u>			