



Annual Return

Company Name: **BEST PRACTICE IN PRIMARY CARE LIMITED**

Company Number: **06290255**



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Company Name: **BEST PRACTICE IN PRIMARY CARE LIMITED**

Company Number: **06290255**

Date of this return: **22/06/2016**

Sic Codes: **74990**

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

Situation of
Registered Office: **UNIT 1, BARNES WALLIS COURT WELLINGTON ROAD CRESSEX
BUSINESS PARK HIGH WYCOMBE BUCKINGHAMSHIRE
HP12 3PS**

Officers of the company

Company Secretary 1

Type: **Person**
Full Forename(s): **MRS KATE ELIZABETH**
Surname: **MINION**
Service Address: **HERRIOTTS FOUNDRY LANE PRINCES RISBOROUGH LOOSLEY
ROW
ENGLAND HP27 0NY**

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Company Director 1

Type: **Person**
Full Forename(s): **MR STEPHEN GREGORY**
Surname: **MINION**
Service Address: **recorded as Company's registered office**

Country/State **SCOTLAND**
Usually Resident:
Date of Birth: ****/12/1946** Nationality: **BRITISH**
Occupation: **COMPANY
DIRECTOR**

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Company Director 2

Type: **Person**
Full Forename(s): **MR LEE FRANCIS**
Surname: **HASELL**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**
Usually Resident:
Date of Birth: ****/12/1972** Nationality: **BRITISH**
Occupation: **MANAGING
DIRECTOR**

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Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	1
Currency:	GBP	Aggregate nominal value:	1

Prescribed particulars

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Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	1
		Total aggregate nominal value:	1
		Total aggregate amount unpaid:	0

Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders as at 22nd June 2016 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 transferred on 2015-07-31
	0 ORDINARY shares held as at the date of this return
Name:	ASHLEY HOUSE CLINICAL SERVICES LTD
Shareholding 2:	1 ORDINARY shares held as at the date of this return
Name:	PARTNERING HEALTH LIMITED

Authorisation

Authenticated

This form was authorised by one of the following:

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

