



**Companies House**  
— for the record —

**AR01** (ef)

**Annual Return**



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*Company Name:* **Quatro Medical Limited**

*Company Number:* **07470917**

*Date of this return:* **15/12/2011**

*SIC codes:* **82990**

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

*Situation of Registered Office:* **FERGUSSON HOUSE 124-128 CITY ROAD  
LONDON  
UNITED KINGDOM  
EC1V 2NJ**

**Officers of the company**

*Company Director*    ***1***

*Type:*                                **Person**

*Full forename(s):*                **MR STEPHEN JOHN**

*Surname:*                         **KELLY**

*Former names:*

*Service Address:*                **OLD MILL ROAD GPO 244  
PEREYBERE  
MAURITIUS 244  
MAURITIUS**

*Country/State Usually Resident:*    **MAURITIUS**

*Date of Birth:*    **22/07/1964**                                *Nationality:*    **BRITISH**

*Occupation:*    **CONSULTANT**

## Statement of Capital (Share Capital)

<b>Class of shares</b>	<b>ORDINARY</b>	<i>Number allotted</i>	<b>2</b>
		<i>Aggregate nominal value</i>	<b>2</b>
<i>Currency</i>	<b>GBP</b>	<i>Amount paid per share</i>	<b>1</b>
		<i>Amount unpaid per share</i>	<b>0</b>

### *Prescribed particulars*

SUBJECT TO ANY RIGHTS OR RESTRICTIONS ATTACHED TO ANY SHARES AND TO ANY OTHER PROVISIONS OF THESE ARTICLES, ON A SHOW OF HANDS EVERY MEMBER PRESENT IN PERSON OR BY PROXY SHALL HAVE ONE VOTE, UNLESS THE PROXY IS HIMSELF A MEMBER ENTITLED TO VOTE AND ON A POLL EVERY MEMBER PRESENT IN PERSON OR BY PROXY SHALL HAVE ONE VOTE FOR EVERY SHARE OF WHICH HE IS THE HOLDER.

## Statement of Capital (Totals)

<i>Currency</i>	<b>GBP</b>	<i>Total number of shares</i>	<b>2</b>
		<i>Total aggregate nominal value</i>	<b>2</b>

## *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 15/12/2011 or that had ceased to be shareholders since the made up date of the previous Annual Return

*A full list of shareholders for the company are shown below*

*Shareholding 1* : **2 ORDINARY shares held as at the date of this return**  
*Name:* **MR STEPHEN JOHN KELLY**

## *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

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