



Companies House

AR01 (ef)

Annual Return



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Company Name: **KAREN HAYES MEDICAL LIMITED**

Company Number: **07556256**

Date of this return: **08/03/2016**

SIC codes: **96040**

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

Situation of Registered Office: **54 SUN STREET
WALTHAM ABBEY
ESSEX
EN9 1EJ**

Officers of the company

Company Director **1**

Type: **Person**

Full forename(s): **MS KAREN JOAN**

Surname: **HAYES**

Former names:

Service Address: **54 SUN STREET
WALTHAM ABBEY
ESSEX
UNITED KINGDOM
EN9 1EJ**

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

Date of Birth: ****/04/1966**

Nationality: **BRITISH**

Occupation: **NURSE**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	100
		<i>Aggregate nominal value</i>	100
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

THE ORDINARY SHARES OF THE COMPANY WILL HAVE FULL VOTING RIGHTS, ONE VOTE PER SHARE, TOTAL PRIVILEGES IN RESPECT OF DIVIDENDS AND WILL BE PERMITTED TO PARTICIPATE IN ANY DISTRIBUTION (INCLUDING ON WINDING UP). ANY DIVIDEND PAYABLE ON THE ORDINARY SHARE SHALL BE DECIDED BY THE COMPANY IN GENERAL MEETING (IF AND SO FAR AS, THE PROFITS OF THE COMPANY JUSTIFY SUCH PAYMENT) AND SUCH DIVIDENDS MAY VARY FROM TIME TO TIME AND MAY BE PAYABLE ON ANY CLASS OF SHARE OR SHARES AS MAY BE. THE AMOUNT OF ANY DIVIDEND (IF ANY) PAYABLE ON SUCH SHARES IS AT THE DISCRETION OF THE COMPANY. ANY SUCH DIVIDEND SHALL BE PAYABLE BY THE COMPANY AT ANY TIME OR TIMES AS MAY BE DECIDED BY THE COMPANY.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	100
		<i>Total aggregate nominal value</i>	100

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 08/03/2016 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 : **100 ORDINARY shares held as at the date of this return**
Name: **KAREN HAYES**

Authorisation

Authenticated

This form was authorised by one of the following:

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