



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **21/06/2014**

X3AIPXII

Company Name: **ALI HEALTHCARE LIMITED**

Company Number: **08100153**

Date of this return: **11/06/2014**

SIC codes: **86210**

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

Situation of Registered Office: **FLAT 20 LAVENDER COURT ARBOURVALE
ST. LEONARDS-ON-SEA
HASTINGS
TN38 0FQ**

Single Alternative Inspection Location (SAIL)

The address for an alternative location to the company's registered office for the inspection of registers is:

FLAT 20 LAVENDER COURT ARBOURVALE
ST. LEONARDS-ON-SEA
HASTING
TN38 0FQ

There are no records kept at the above address

Officers of the company

Company Director **1**

Type: **Person**

Full forename(s): **DR FARMAN**

Surname: **ALI**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **04/08/1977**

Nationality: **PAKISTANI**

Occupation: **BUSINESS**

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>	100

Prescribed particulars

FULL RIGHTS TO RECEIVE NOTICE OF, ATTEND AND VOTE AT GENERAL MEETINGS. ONE SHARE CARRIES ONE VOTE, AND FULL RIGHTS TO DIVIDENDS AND CAPITAL DISTRIBUTIONS (INCLUDING UPON WINDING UP).

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 11/06/2014 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 : **25 ORDINARY shares held as at the date of this return**
75 shares transferred on 2013-07-31

Name: **DR FARMAN ALI**

Shareholding 2 : **75 ORDINARY shares held as at the date of this return**

Name: **ALI MRS SUMBAL**

Authorisation

Authenticated

This form was authorised by one of the following:

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