



Companies House

**AR01** (ef)

**Annual Return**



Received for filing in Electronic Format on the: **08/06/2016**

**X58OM10B**

*Company Name:* **COMMUNITY HEALTH & MEDICINE LTD**

*Company Number:* **09540537**

*Date of this return:* **14/04/2016**

*SIC codes:* **64209**

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

*Situation of Registered Office:* **2 WESTBURY MEWS  
WESTBURY-ON-TRYM  
BRISTOL  
ENGLAND  
BS9 3QA**

**Officers of the company**

## *Company Secretary 1*

Type: **Person**  
Full forename(s): **MR NEIL WILLIAM**

Surname: **HIGGINSON**

Former names:

Service Address: **MONTPELIER HEALTH CENTRE BATH BUILDINGS  
MONTPELIER  
BRISTOL  
UNITED KINGDOM  
BS6 5PT**

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## *Company Director 1*

Type: **Person**  
Full forename(s): **DR RACHEL ANNE**

Surname: **BROWN**

Former names:

*Service Address recorded as Company's registered office*

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/03/1969** Nationality: **BRITISH**  
Occupation: **GP**

*Company Director*    **2**

*Type:*                                **Person**  
*Full forename(s):*                **DR KIM PAULINE**

*Surname:*                                **HEARN**

*Former names:*                        **MERCER**

*Service Address:*                    **MONTPELIER HEALTH CENTRE BATH BUILDINGS**  
   **MONTPELIER**  
   **BRISTOL**  
   **UNITED KINGDOM**  
   **BS6 5PT**

*Country/State Usually Resident:*   **ENGLAND**

*Date of Birth:*   **\*\*/10/1956**                                *Nationality:*   **BRITISH**

*Occupation:*     **GP**

*Company Director*    **3**

*Type:*                                **Person**  
*Full forename(s):*                **MR NEIL WILLIAM**

*Surname:*                            **HIGGINSON**

*Former names:*

*Service Address:*                **MONTPELIER HEALTH CENTRE BATH BUILDINGS**  
    **MONTPELIER**  
    **BRISTOL**  
    **UNITED KINGDOM**  
    **BS6 5PT**

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

*Date of Birth:*   **\*\*/08/1964**                                *Nationality:*   **BRITISH**

*Occupation:*    **PRACTICE BUSINESS MANAGER**

*Company Director* 4

*Type:* **Person**

*Full forename(s):* **DR TIMOTHY JOHN FITZMAURICE**

*Surname:* **MITCHELL**

*Former names:*

*Service Address:* **MONTPELIER HEALTH CENTRE BATH BUILDINGS  
MONTPELIER  
BRISTOL  
ENGLAND  
BS6 5PT**

*Country/State Usually Resident:* **ENGLAND**

*Date of Birth:* **\*\*/01/1957** *Nationality:* **BRITISH**

*Occupation:* **GENERAL PRACTITIONER**

## Statement of Capital (Share Capital)

<b>Class of shares</b>	<b>ORD</b>	<i>Number allotted</i>	<b>100</b>
		<i>Aggregate nominal value</i>	<b>100</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*

ONE SHARE EQUALS ONE VOTE, EACH HAVING RIGHTS TO DIVIDENDS. SO LONG AS THERE ARE NO RIGHTS ATTACHED TO SHARES ON WINDING-UP ETC OR REDEMPTION RIGHTS.

## Statement of Capital (Totals)

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

## *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 14/04/2016 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* : 20 ORD shares held as at the date of this return  
*Name:* NEIL WILLIAM HIGGINSON

*Shareholding 2* : 20 ORD shares held as at the date of this return  
*Name:* KIM PAULINE HEARN

*Shareholding 3* : 20 ORD shares held as at the date of this return  
*Name:* RACHEL BROWN

*Shareholding 4* : 20 ORD shares held as at the date of this return  
*Name:* TIMOTHY MITCHELL

*Shareholding 5* : 20 ORD shares held as at the date of this return  
*Name:* THOMAS BAILWARD

## *Authorisation*

*Authenticated*

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

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