



Companies House

# CS01<sub>(ef)</sub>

## Confirmation Statement

Company Name: **PAIN MEDICAL LIMITED**

Company Number: **11901341**



Received for filing in Electronic Format on the: **16/05/2022**

XB447OLF

Company Name: **PAIN MEDICAL LIMITED**

Company Number: **11901341**

Confirmation Statement date: **05/03/2022**

Sic Codes: **64209**

**82990**

Principal activity description: **Activities of other holding companies n.e.c.**

**Other business support service activities n.e.c.**

## Statement of Capital (Share Capital)

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<b>Class of Shares:</b>	<b>A</b>	Number allotted	<b>10</b>
	<b>ORDINARY</b>	Aggregate nominal value:	<b>10</b>
Currency:	<b>GBP</b>		

Prescribed particulars

**ALL RIGHTS ATTACHED, EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES, IS ENTITLED PARI PASSU TO DIVIDEND PAYMENTS OR ANY OTHER DISTRIBUTION AND IS ENTITLED PARI PASSU TO PARTICIPATE IN A DISTRIBUTION ARISING FROM A WINDING UP OF THE COMPANY**

<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>50</b>
Currency:	<b>GBP</b>	Aggregate nominal value:	<b>50</b>

Prescribed particulars

**ALL RIGHTS ATTACHED, EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES, IS ENTITLED PARI PASSU TO DIVIDEND PAYMENTS OR ANY OTHER DISTRIBUTION AND IS ENTITLED PARI PASSU TO PARTICIPATE IN A DISTRIBUTION ARISING FROM A WINDING UP OF THE COMPANY**

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## Statement of Capital (Totals)

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Currency:	<b>GBP</b>	Total number of shares:	<b>60</b>
		Total aggregate nominal value:	<b>60</b>
		Total aggregate amount	<b>0</b>
		unpaid:	

## Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

Shareholder information for a non-traded company as at the confirmation statement date is shown below

Shareholding 1: **50 ORDINARY shares held as at the date of this confirmation statement**  
Name: **STEPHEN DOUGLAS DECHAN**

Shareholding 2: **10 A ORDINARY shares held as at the date of this confirmation statement**  
Name: **KATE DECHAN**

## **Confirmation Statement**

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

# Authorisation

Authenticated

This form was authorised by one of the following:

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