



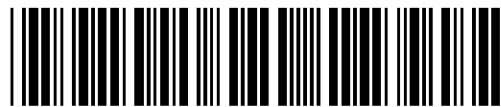
Companies House

**CS01** (ef)

**Confirmation Statement**

Company Name: **RESPOND PLUS HEALTHCARE LIMITED**

Company Number: **NI633200**



Received for filing in Electronic Format on the: **25/08/2016**

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Company Name: **RESPOND PLUS HEALTHCARE LIMITED**

Company Number: **NI633200**

Confirmation **23/08/2016**

Statement date:

Sic Codes: **99999**

Principal activity **Dormant Company**

description:

## Statement of Capital (Share Capital)

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<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>1</b>
Currency:	<b>GBP</b>	Aggregate nominal value:	<b>1</b>

Prescribed particulars

**ORDINARY SHARES RANK PARI PASSU IN ALL RESPECTS AND WITHOUT PREJUDICE TO THE GENERALITY OF THE FOREGOING; (A) EACH ORDINARY SHARE SHALL CARRY THE RIGHT TO RECEIVE NOTICE OF AND TO ATTEND, SPEAK AND VOTE AT ALL GENERAL MEETINGS OF THE COMPANY; (B) ORDINARY SHAREHOLDERS SHALL BE ENTITLED TO PARTICIPATE IN LAWFUL DIVIDENDS ON A PARI PASSU BASIS; (C) ORDINARY SHAREHOLDERS SHALL BE ENTITLED TO PARTICIPATE IN LAWFUL DISTRIBUTIONS ON A PARI PASSU BASIS; AND, (D) THE ORDINARY SHARES ARE NOT REDEEMABLE.**

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## Statement of Capital (Totals)

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Currency:	<b>GBP</b>	Total number of shares:	<b>1</b>
		Total aggregate nominal value:	<b>1</b>
		Total aggregate amount unpaid:	<b>0</b>

# Persons with Significant Control (PSC)

## PSC notifications

### Notification Details

Date of becoming a  
registrable RLE: **06/04/2016**

Name: **RESPOND HEALTHCARE LTD**

Registered or Principal  
Office Address: **15 BALLYSTOCKART ROAD  
COMBER  
NEWTOWNARDS  
NORTHERN IRELAND  
BT23 5QY**

Legal Form: **PRIVATE COMPANY LIMITED BY SHARES**

Governing Law: **COMPANIES ACT 2006**

Register: **UK**

Country/state of register: **N IRELAND**

Registration Number: **NI629409**

### Nature of control

The relevant legal entity holds, directly or indirectly, 75% or more of the shares in the company.

## **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