



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **08/12/2015**

X4LTRM14

Company Name: **ADVENTURE MEDIC LTD**

Company Number: **SC463656**

Date of this return: **13/11/2015**

SIC codes: **63990**

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

Situation of Registered Office: **19/2 BRUNTSFIELD AVENUE
EDINBURGH
EH10 4EN**

Officers of the company

Company Director ***1***

Type: **Person**

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

Surname: **CLARK**

Former names:

Service Address: **19/2 BRUNTSFIELD AVENUE
EDINBURGH
MIDLOTHIAN
UNITED KINGDOM
EH10 4EN**

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

Date of Birth: ****/07/1981**

Nationality: **BRITISH**

Occupation: **DOCTOR**

Company Director 2

Type: **Person**
Full forename(s): **DR GREGORY**

Surname: **CRANSTON**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/08/1983**

Nationality: **BRITISH**

Occupation: **DOCTOR**

Company Director 3

Type: **Person**
Full forename(s): **DR GRAHAM**

Surname: **DAWSON**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/02/1982**

Nationality: **BRITISH**

Occupation: **DOCTOR**

Company Director 4

Type: **Person**

Full forename(s): **DR ELEANOR CLARE**

Surname: **HEATH**

Former names:

Service Address: **19/2 BRUNTSFIELD AVENUE
EDINBURGH
MIDLOTHIAN
UNITED KINGDOM
EH10 4EN**

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

Date of Birth: ****/05/1984**

Nationality: **UK**

Occupation: **DOCTOR**

Company Director **5**

Type: **Person**

Full forename(s): **DR CHARLES LUKE**

Surname: **SUMMERS**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/05/1983**

Nationality: **BRITISH**

Occupation: **DOCTOR**

Company Director 6

Type: **Person**
Full forename(s): **DR MATTHEW RAWDON**

Surname: **WILKES**

Former names:

Service Address: **19/2 BRUNTSFIELD AVE
EDINBURGH
MIDLOTHIAN
UNITED KINGDOM
EH10 4EN**

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

Date of Birth: ****/01/1982** *Nationality:* **UK**

Occupation: **DOCTOR**

Authorisation

Authenticated

This form was authorised by one of the following:

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