



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **18/12/2015**

X4MHJJ3L

Company Name: **ASSOCIATION OF ANAESTHETISTS OF GREAT BRITAIN AND IRELAND**

Company Number: **01888799**

Date of this return: **25/11/2015**

SIC codes: **94120**

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

Situation of Registered Office: **21 PORTLAND PLACE
LONDON
W1B 1PY**

Officers of the company

Company Director 1

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

Surname: **BARKER**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/05/1959** Nationality: **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director 2

Type: **Person**
Full forename(s): **DR PAUL ANTHONY**

Surname: **CLYBURN**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/10/1954** Nationality: **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director **3**

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

Surname: **COLLIS**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **WALES**

Date of Birth: ****/01/1963** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director **4**

Type: **Person**
Full forename(s): **KATHLEEN**

Surname: **FERGUSON**

Former names: **JOHNSTON**

Service Address recorded as Company's registered office

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/05/1960** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director **5**

Type: **Person**
Full forename(s): **DR ROSHAN ANTON GABRIEL**

Surname: **FERNANDO**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/10/1960** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director **6**

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

Surname: **FOX**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/10/1981** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director 7

Type: **Person**
Full forename(s): **DR RAVJIT SINGH**

Surname: **GILL**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/01/1962** Nationality: **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director 8

Type: **Person**
Full forename(s): **DR ANDREW JAMES**

Surname: **HARTLE**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/06/1965** Nationality: **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director **9**

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

Surname: **JACKSON**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/04/1975** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director **10**

Type: **Person**
Full forename(s): **DR GERARD MICHAEL ANTHONY**

Surname: **KEENAN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/02/1961** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director 11

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

Surname: **KLEIN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/11/1970** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director 12

Type: **Person**
Full forename(s): **DR ELIZABETH MARY**

Surname: **MCGRADY**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/10/1958** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director **13**

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

Surname: **MEEK**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/09/1968** Nationality: **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director **14**

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

Surname: **MISRA**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/10/1959** Nationality: **BRITISH INDIAN**

Occupation: **MEDICAL PRACTITIONER**

Company Director 15

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

Surname: **NATHANSON**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/08/1961** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director 16

Type: **Person**
Full forename(s): **DR FELICITY SARAH**

Surname: **PLAAT**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/03/1960** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director 17

Type: **Person**
Full forename(s): **DR EMMA VICTORIA ELIZABETH**

Surname: **PLUNKETT**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/11/1976** Nationality: **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director 18

Type: **Person**
Full forename(s): **NANCY**

Surname: **REDFERN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/01/1955** Nationality: **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director 19

Type: **Person**
Full forename(s): **DR TEI ELIZABETH**

Surname: **SHERATON**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **WALES**

Date of Birth: ****/03/1969** Nationality: **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director 20

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

Surname: **SHINDE**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/03/1965** Nationality: **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Authorisation

Authenticated

This form was authorised by one of the following:

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