



**Companies House**

— for the record —

Company Name

**BRITISH MENOPAUSE SOCIETY**

## 363s Annual Return

V10Jas/  
TSB t15  
003459

Company Type

**Private Company Limited By**

**Guarantee Exempt Under Sect 30**

Company Number

**2759439**

Information extracted from

Companies House records on

**12th October 2000**

- > Please check the details printed in blue on this statement.
- > If any details are wrong, strike them through and write the correct details in the "Amended details" column.
- > Please use black pen and write in capital letters.



A05  
COMPANIES HOUSE  
COMPANIES HOUSE

0439  
02/11/00  
0336  
26/10/00

### Section 1: Company details

Ref: 2759439/15/42

	Current details	Amended details																
<b>&gt; Registered Office Address</b> <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	<b>36 West Street</b> <b>Marlow</b> <b>Buckinghamshire</b> <b>SL7 2NB</b>	Address _____ _____ _____ UK Postcode    _ _ _ _ _																
<b>&gt; Register of Members</b> <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	<b>Address where the Register is held</b> <b>36 West Street</b> <b>Marlow</b> <b>Buckinghamshire</b> <b>SL7 2NB</b>	Address _____ _____ _____ UK Postcode    _ _ _ _ _																
<b>&gt; Register of Debenture Holders</b> <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	<b>Not Applicable</b>	Address _____ _____ _____ UK Postcode    _ _ _ _ _																
<b>&gt; Principal Business Activities</b> <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	<table border="1"> <thead> <tr> <th>SIC Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>8532</td> <td>Social work without accommodation</td> </tr> </tbody> </table>	SIC Code	Description	8532	Social work without accommodation	<table border="1"> <thead> <tr> <th>SIC CODE</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	SIC CODE	Description	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<b>&gt;</b> Please enter additional principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes.																		

	Current details	Amended details
<b>&gt; Company Secretary</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Company Secretary must be notified on form 288.</i>	<b>Name</b> Frederick Alan PATTERSON MRIPHH AFFP FINSTD  <b>Address</b> 26 Westhorpe Park Little Marlow Bucks SL7 3RH	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date Frederick Alan PATTERSON</b> <b>MRIPHH AFFP FINSTD</b> <b>ceased to be secretary (if applicable)</b> _ _
<b>&gt; Company Secretary</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Company Secretary must be notified on form 288.</i>	<b>Name</b> Dr Margaret Ann UPSDELL  <b>Address</b> 85 Church Road Woolton Liverpool Merseyside L25 6DB	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date Dr Margaret Ann UPSDELL</b> <b>ceased to be secretary (if applicable)</b> _ _ / _ _ / _ _ _ _
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> Farook AL-AZZAWI MB CHB FRCOG  <b>Address</b> 17 Meadowcourt Road Oadby Leicester Leicestershire LE2 2PD  <b>Date of birth</b> 21/03/1951  <b>Nationality</b> British  <b>Occupation</b> Consultant Gynaecologist	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _ _ _ _ _ <b>Occupation</b> _ _ _ _ _ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date Farook AL-AZZAWI MB CHB</b> <b>FRCOG ceased to be director (if</b> <b>applicable)</b> _ _ / _ _ / _ _ _ _

	Current details	Amended details
<b>&gt; Director</b> If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.           Particulars of a new Director must be notified on form 288.	<b>Name</b> Professor David Hearnshaw BARLOW MA BSC MD MRCOG  <b>Address</b> 1 Fettiplace Close Appleton Abingdon Oxfordshire OX13 5LQ  <b>Date of birth</b> 26/12/1949  <b>Nationality</b> British  <b>Occupation</b> Doctor	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> _ _ / _ _ / _ _ _ _ Date Professor David Hearnshaw BARLOW MA BSC MD MRCOG ceased to be director (if applicable)    _ _ _ _ _
<b>&gt; Director</b> If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.           Particulars of a new Director must be notified on form 288.	<b>Name</b> Professor Linda CARDOZO MD MB CHB FRCOG  <b>Address</b> The Sloes Potter St Hill Pinner Middlesex HA5 3YH  <b>Date of birth</b> 15/09/1950  <b>Nationality</b> British  <b>Occupation</b> Medical Consultant	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> _ _ / _ _ / _ _ _ _ Date Professor Linda CARDOZO MD MB CHB FRCOG ceased to be director (if applicable)    _ _ / _ _ / _ _ _ _
<b>&gt; Director</b> If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.           Particulars of a new Director must be notified on form 288.	<b>Name</b> Dr Ailsa Elizabeth GEBBIE  <b>Address</b> 32 Garscube Terrace Edinburgh EH12 6BN  <b>Date of birth</b> 18/10/1958  <b>Nationality</b> British  <b>Occupation</b> Gynaecologist	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> _ _ / _ _ / _ _ _ _ Date Dr Ailsa Elizabeth GEBBIE ceased to be director (if applicable)    _ _ / _ _ / _ _ _ _

	Current details	Amended details
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> Amanda Jane HILLARD  <b>Address</b> 1 Belgrave Road Branksome Park Poole Dorset BH13 6DB  <b>Date of birth</b> 20/02/1965  <b>Nationality</b> British  <b>Occupation</b> Menopause Nurse Specialist	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _____ <b>Date of birth</b> ____ / ____ / ____ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> ____ / ____ / ____ <b>Date</b> Amanda Jane HILLARD ceased to be director (if applicable) 06/07/2000
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> Dr Sally Louise HOPE  <b>Address</b> 45 Beech Croft Road Oxford OX2 7AY  <b>Date of birth</b> 04/08/1957  <b>Nationality</b> British  <b>Occupation</b> Medical Physician General Prac	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _____ <b>Date of birth</b> ____ / ____ / ____ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> ____ / ____ / ____ <b>Date</b> Dr Sally Louise HOPE ceased to be director (if applicable) 06/07/2000
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> Elizabeth HUGHES SRN  <b>Address</b> 10 Metchley Park Road Edgbaston Birmingham B15 2PG  <b>Date of birth</b> 18/06/1945  <b>Nationality</b> British  <b>Occupation</b> Specialist Nurse	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _____ <b>Date of birth</b> ____ / ____ / ____ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> ____ / ____ / ____ <b>Date</b> Elizabeth HUGHES SRN ceased to be director (if applicable) ____ / ____ / ____

	Current details	Amended details
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> Anthony Michael MANDER MB CLB:FRCOG  <b>Address</b> 8 Ladhill Lane Greenfield Oldham Lancashire OL3 7JW  <b>Date of birth</b> 21/03/1946  <b>Nationality</b> British  <b>Occupation</b> Consultant Obstetrician	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date</b> Anthony Michael MANDER MB CLB:FRCOG ceased to be director (if applicable)    _ _ / _ _ / _ _ _ _
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> Joan PITKIN BSC FRCS MRCOG  <b>Address</b> 21 Ledway Drive Wembley Middlesex HA9 9TH  <b>Date of birth</b> 11/08/1952  <b>Nationality</b> British  <b>Occupation</b> Medical Consultant	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date</b> Joan PITKIN BSC FRCS MRCOG ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> Professor David Wilkie PURDIE  <b>Address</b> Rowley Rectory Rowley Cottingham North Humberside HU20 3XR  <b>Date of birth</b> 13/08/1946  <b>Nationality</b> British  <b>Occupation</b> Doctor Of Medicine	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date</b> Professor David Wilkie PURDIE ceased to be director (if applicable) 06/07/2000

	Current details	Amended details
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> <b>Doctor Bhanuprasad Anandji RUPARELIA</b>  <b>Address</b> <b>Holly Lodge Bosbury Road</b> <b>Cradley</b> <b>Malvern</b> <b>Worcestershire</b> <b>WR13 5LT</b>  <b>Date of birth</b> 25/01/1951  <b>Nationality</b> British  <b>Occupation</b> Consultant Gynaecologist	<b>Name</b>  <b>Address</b>    <b>UK Postcode</b> /    / <b>Date of birth</b> /    / <b>Nationality</b> <b>Occupation</b> <b>Date of change</b> /    / <b>Date Doctor Bhanuprasad Anandji RUPARELIA ceased to be director (if applicable)</b> /    /
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> <b>Dr Janice RYMER MB CHB FRNZCOG</b>  <b>Address</b> <b>56 Scott Sufferance Wharf</b> <b>5 Mill Street</b> <b>London</b> <b>SE1 2DE</b>  <b>Date of birth</b> 23/07/1958  <b>Nationality</b> Australian  <b>Occupation</b> Obstetrician & Gynaecologists	<b>Name</b>  <b>Address</b>    <b>UK Postcode</b> /    / <b>Date of birth</b> /    / <b>Nationality</b> <b>Occupation</b> <b>Date of change</b> /    / <b>Date Dr Janice RYMER MB CHB FRNZCOG ceased to be director (if applicable)</b> /    /
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> <b>Dr Anthony SEELEY</b>  <b>Address</b> <b>Northgate House, 7 High Street</b> <b>Bridgnorth</b> <b>Salop</b> <b>WV16 4BU</b>  <b>Date of birth</b> 01/07/1952  <b>Nationality</b> British  <b>Occupation</b> General Practitioner	<b>Name</b>  <b>Address</b>    <b>UK Postcode</b> /    / <b>Date of birth</b> /    / <b>Nationality</b> <b>Occupation</b> <b>Date of change</b> /    / <b>Date Dr Anthony SEELEY ceased to be director (if applicable)</b> /    /

	Current details	Amended details
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> Dr John Curtis STEVENSON MB BS FRCP  <b>Address</b> Holyrood Police Station Road Hersham Village Surrey KT12 4JQ  <b>Date of birth</b> 09/12/1948  <b>Nationality</b> British  <b>Occupation</b> Medical Consultant	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date Dr John Curtis STEVENSON MB BS FRCP ceased to be director (if applicable)</b> _ _ / _ _ / _ _ _ _
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> John William Winston STUDD MD FRCOG  <b>Address</b> 27 Blomfield Road London W9 1AA  <b>Date of birth</b> 04/03/1940  <b>Nationality</b> British  <b>Occupation</b> Consultant Gynaecologist	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date John William Winston STUDD MD FRCOG ceased to be director (if applicable)</b> _ _ / _ _ / _ _ _ _
<b>&gt; Director</b> <i>If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>  <i>Particulars of a new Director must be notified on form 288.</i>	<b>Name</b> David William STURDEE MB BS DA MD FRCOG  <b>Address</b> 44 Mirfield Road Solihull West Midlands B91 1JD  <b>Date of birth</b> 13/05/1945  <b>Nationality</b> British  <b>Occupation</b> Consultant Gynaecologist	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date David William STURDEE MB BS DA MD FRCOG ceased to be director (if applicable)</b> _ _ / _ _ / _ _ _ _

## &gt; Director

*If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.*

*Particulars of a new Director must be notified on form 288.*

**Current details****Name**

Doctor Jennifer Mary  
WORDSWORTH

**Address**

Froggatt Reach St Helens Croft  
Grindleford  
Hope Valley  
Derbyshire  
S32 2JG

**Date of birth** 12/09/1942

**Nationality** British

**Occupation** Nhs Consultant

**Amended details****Name****Address**

**UK Postcode** \_ \_ \_ \_ \_

**Date of birth** \_ \_ / \_ \_ / \_ \_ \_ \_

**Nationality** \_ \_ \_ \_ \_

**Occupation** \_ \_ \_ \_ \_

**Date of change** \_ \_ / \_ \_ / \_ \_ \_ \_

**Date** Doctor Jennifer Mary  
WORDSWORTH ceased to be director  
(if applicable) \_ \_ / \_ \_ / \_ \_ \_ \_





Companies House

— for the record —

**363s Annual Return Declaration**

- > When you have checked all the sections of this form, please complete this page and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

**1. Declaration**

- ☐ I confirm that the details in this annual return are correct as at the made-up-date (shown at 2 below). I enclose the filing fee of £15.

Signature

(Director/Secretary)

Date 24 10 00  
\_ \_ / \_ \_ / \_ \_

This date must not be earlier than the return date at 2 below

**What to do now**

Complete this page then send the whole of the Annual Return and the declaration to the address shown at 4 below.

**2. Date of this return**

- ☐ This AR is made up to 27/10/2000
- If you are making this return up to an earlier date, please give the date here

\_ \_ / \_ \_ / \_ \_

Note: The form must be delivered to CH within 28 days of this date

**3. Date of next return**

- ☐ If you wish to change your next return to a date earlier than 27th October 2001 please give the new date here:

\_ \_ / \_ \_ / \_ \_

**4. Where to send this form**

- ☐ Please return this form to:  
Registrar of Companies  
Companies House  
Crown Way  
Cardiff CF14 3UZ

OR

For members of the Hays Document  
Exchange service  
DX 33050 Cardiff

**Have you enclosed the filing fee with the company number written on the reverse of the cheque?**

Cheque ☒ Postal Order ☐ Cheque / Postal Order  
Number \_\_\_\_\_

(Please complete as appropriate)

**Contact Address**

Please give the name and address of the person who should be contacted if there are any queries about this form.

Contact Name

Mrs F. A. PATTERSON

Telephone number inc code

01628 890197

Address

36 West St  
Merlebury

DX number if applicable

\_ \_ \_ \_ \_

DX exchange

Borth SL7 2NB

Postcode

SL7 2NB