



Companies House
— for the record —

AR01 (ef)

Annual Return



XPCUSJKN

Received for filing in Electronic Format on the: **29/04/2010**

Company Name: **GERODONTOLOGY ASSOCIATION**

Company Number: **02800293**

Date of this return: **08/03/2010**

SIC codes: **2213**

Company Type: **Private company limited by guarantee exempt under section 60**

Situation of Registered Office: **5 ORCHARD DRIVE
BLACKHEATH
LONDON
SE3 0QP**

Single Alternative Inspection Location (SAIL)

The address for an alternative location to the company's registered office for the inspection of registers is:

**C/O M R HEATH
5 ORCHARD DRIVE
LONDON
ENGLAND
SE3 0QP**

The following records have moved to the single alternative inspection location:

Register of members (section 114)
Register of directors (section 162)
Register of secretaries (section 275)
Records of resolutions and meetings (section 358)

Officers of the company

Company Secretary **1**

<i>Type:</i>	Person
<i>Full forename(s):</i>	DR JAMES PETER
<i>Surname:</i>	NEWTON
<i>Former names:</i>	
<i>Service Address:</i>	14 LEONARD GARDENS ST ANDREWS FIFE KY16 8RD

Company Director **1**

Type: **Person**
Full forename(s): **PROFESSOR MICHAEL ROBIN**
Surname: **HEATH**
Former names:
Service Address: **5 ORCHARD DRIVE**
 BLACKHEATH
 LONDON
 SE3 0QP

Country/State Usually Resident: **ENGLAND**

Date of Birth: **21/10/1934** *Nationality:* **BRITISH**
Occupation: **CONSULTANT**

Company Director **2**

Type: **Person**
Full forename(s): **PROFESSOR EDWARD**
Surname: **LYNCH**
Former names:
Service Address: **45 OSBORNE GARDENS**
 BELFAST
 BT9 6LF

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **25/06/1957** *Nationality:* **BRITISH**
Occupation: **DENTISTRY**

Company Director **3**

Type: **Person**
Full forename(s): **PROF DR MED DENT FRAUKE**
Surname: **MULLER**
Former names:
Service Address: **28 ,BVD DES PHILOSOPHES**
 GENEVA
 CH 1205
 FOREIGN

Country/State Usually Resident: **SWITZERLAND**

Date of Birth: **18/09/1960** *Nationality:* **GERMAN**
Occupation: **PROFESSOR**

Company Director **4**

Type: **Person**
Full forename(s): **DR JAMES PETER**
Surname: **NEWTON**
Former names:
Service Address: **14 LEONARD GARDENS**
 ST ANDREWS
 FIFE
 KY16 8RD

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **29/08/1947** *Nationality:* **BRITISH**
Occupation: **CONSULTANT**

Authorisation

Authenticated

This form was authorised by one of the following:

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