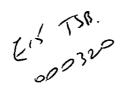
## = Linkcheck ==== **CS Company Secretary**

cs.a:b363a.1



363a

Please complete in typescript, or in bold black capitals.

## Annual Return

		Aimaa notam
Com	pany Number	3020162
Compan	y Name in full	Wellway Pharmacy Limited
* F 3 6 3 A D 3	<b>O</b> *	
<b>Date of this return</b> (See ) The information in this return		Day Month Year  09 02 98
Date of next return (See If you wish to make your to a date earlier than the of this return please show the Companies House will then at the appropriate time.	next return anniversary e date here.	Day Month Year
Registered Office (See note 3) Show here the address at the date of this return.		The Surgery
Any change of registered office	Post town	Wellway   Morpeth
must be notified on form 287.	County/Region	Northumberland
	Postcode	NE61 1BJ
Principal business activ		
Show trade classification coof for the principal activity or a		5231
If the code number cannot be give a brief description of pri		Dispencing/Chemists



When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 3UZ

DX 33050 Cardiff

DX 235 Edinburgh

for companies in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

## Linkcheck CS Company Secretary

cs.a:blppd.1

**Company Number** 

Please complete in typescript, or in bold black capitals.

List of past and present members Schedule to form 363a, 363b

3020162

Company Name in full	Wellway Pharmacy Limited					
			·		· · · · · · · · · · · · · · · · · · ·	
		Number of shar or amount stock held existing member at date of the return.	of the of the fers complhis (a) pe	late of the last irst return, sind eany) by ersons who are	s or stock transferred since t return (or in the case of ce the incorporation of the still members, and e ceased to be members.	
Name and address		Number or amount currently held	Number or amount Transferred	Date of registration of transfer	Remarks	
Peter Anderson		Ordinary		,		
The Beeches, Longhirst, Morpeth, Northumberland, NEG 3LX, England	61	1				
	:					

Posistor of Mombors (5-1-1-1-1)		Company No. 3020162								
Register of Members (See note 5) If the register of members is not kept at the		Bulman House								
registered office, state here where it is kept.			Regent Centre							
		Post town	n Gosforth							
		County/Region	Newca	astle Upon T	yne			Postcod	e NE	E3 3LS
										<del></del>
Register of Debenture Holders (See note 6) If there is a register of debenture holders and it is not kept at the registered office,		olders								
									-	
state here where it	Post town									
		County/Region						Postcod	e	
Company type	(See note 7)									
Public limited comp	pany									
Private company lin	nited by sha	ares	х							
Private company lir without share capit	mited by gua tal	arantee								
Private company lir exempt under secti	nited by sha ion 30	ares	Please mark the appropriate box.							
Private company lir exempt under secti	mited by gua on 30	arantee								
Private unlimited co	ompany with	h share								
Private unlimited co share capital	ompany with	hout								
Company Se	ecretary	(See notes 1-5)	Details	of a new cor	mpai	ny secretar	y mus	t be notified	i on f	orm 288a.
(Please photocopy this area to provide	Name	*Style / Title	Dr				*Hon	ours etc		
details of joint secretaries).		Forename(s)	Peter							
		Surname	Anderson							
	Previo	us forename(s)								
* Voluntary details.	Previ	ous surname(s)								
Address				The Beeches						
			Longhirst							
Usual residential address must be		Post town	Morpe	th						
given. In the case of corporation give the	е	County/Region	Northu	ımberland				Postcode	⇒ NE	E61 3LX
registered or principoffice address.	Jal	Country	y England							

Directors (See notes 1-5) Please list directors in alphabetical order.		Details of new directors must be notified on form 288a.							
	Name	*Style / Title	Dr		Davi	Manala	V		
		*Honours etc		Date of birth	Day 05	Month 07	Year 51		
				Date of Birth		07			
		Forename(s)	Peter						
		Surname	Anderson						
	Previ	ous forename(s)	· · · · · · · · · · · · · · · · · · ·						
Previous surname(s)									
Address			The Beeches						
			Longhirst						
Usual residential address must be		Post town	Morpeth						
given. In the case of corporation give the	<del>)</del>	County/Region	Northumberland	Postcode	NE61 3LX				
registered or princip office address.	oai	Country	England	Nationality	British				
	Business	occupation	Medical Practitioner						
	Other dire	ectorships	Wellway Contracts Limited						
* Voluntary details.									
		'							
	Name	*Style / Title	Dr		Day	Month	Year		
		*Honours etc		Date of birth	22	07	50		
		Forename(s)	Gillian Barbara						
		Surname	Fraser						
	Previ	ous forename(s)							
	Prev	ious surname(s)							
	Address		5 Kings Avenue						
Usual residential address must be		Post town	Morpeth						
given. In the case of corporation give the	•	County/Region	Northumberland	Postcode	NE61	1HX			
registered or princip office address.	pai Country		England Nationality British						
	Business occupation		Medical Practitioner						
Other directorships			Wellway Contracts Limited						

Please list directors in alphabetical order.			Details of new directors must be no	otified on form 288	la.					
The same of the sa	Name	*Style / Title	Dr							
		*Honours etc		Data of high	Day	Month	Year			
				Date of birth	10	05	61			
Forename(s)			Justin John							
		Surname	Lawson							
	Previ	ous forename(s)								
	Prev	vious surname(s)								
Address			28 Middlegate							
			Loansdean							
Usual residential address must be		Post town	Morpeth							
given. In the case of corporation give the	e	County/Region	Northumberland	Postcode	NE61					
registered or princip office address.	oai	Country	England	Nationality	British	1				
	Business	occupation	Medical Practitioner							
	Other dire	ectorships	Wellway Contracts Limited							
* Voluntary details.										
		•								
	Name	*Style / Title	Dr		Day	Month	Year			
		*Honours etc		Date of birth	27	03	59			
		Forename(s)	Christopher							
		Surname	Marr							
	Previ	ous forename(s)								
	Prev	rious surname(s)								
	Address		4 The Crossway							
Usual residential address must be		Post town	Morpeth							
given. In the case of corporation give the	€	County/Region	Northumberland	Postcode	Postcode NE61 2DA					
registered or princip office address.	pal Country		England Nationality British							
	Business occupation		Medical Practitioner							
Other directorships			Wellway Contracts Limited							

Directors (See notes 1-5) Please list directors in alphabetical order.			Details of new directors must be no	tified on form 288	a.				
Name *Style / Title			Ms						
	Humo			B.44415.11	Day	Month	Year		
		*Honours etc		Date of birth	08	10	56		
		Forename(s)	Pauline Angela						
		Surname	Robinson						
	Previ	ous forename(s)							
	Prev	rious surname(s)							
	Address		54 Rothwel Road						
			Gosforth						
Usual residential address must be		Post town	Newcastle upon Tyne						
given. In the case of corporation give the	Э	County/Region	Tyne and Wear	Postcode	NE3 1	IUA			
registered or princip office address.	oai	Country	England	Nationality	British	1			
	Business	occupation	Pharmacist						
	Other dire	ectorships	None						
* Voluntary details.									
×		'							
	Name	*Style / Title	Dr		Day	Month	Year		
		*Honours etc		Date of birth	29	11	65		
		Forename(s)	Karen Jill						
		Surname	Thompson						
	Previ	ous forename(s)							
	Prev	ious surname(s)							
	Address		The Cottage						
			Threeways, Tranwell Woods						
Usual residential address must be		Post town	Morpeth						
given. In the case of corporation give the	•	County/Region	Northumberland	Postcode	NE61	6AQ			
registered or princip office address.	)ai	Country	England	Nationality	British	1			
	Business	occupation	Medical Practitoner						
Other directorships			None						

Company No. 3020162

Issued Share Capital (See note 9)	Class	Number of	Aggregate			
Enter details of all shares in issue at the date of this return.	(e.g. Ordinary/Preference)	shares issued	Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)			
	Ordinan		£			
	Ordinary	1	1.00			
	£ Totals	1	1.00			
	_					
List of Past and Present Members (Use attached schedule where appropriate) A full list is required if one was not	There were no changes in t	he period				
included with either of the last two returns.		on paper	in another format			
(See note 10)	A list of changes is enclose	d				
	A full list of members is end	closed				
Elective Resolutions	If at the date of this return	an election is in force to	o dispense with			
(Private companies only)	a a	annual general meetings	, mark this box			
(See note 11)	If at the date of this return an election is in force to dispense with laying accounts in general meetings, <i>mark this box</i>					
Certificate	I certify that the information knowledge and belief.	n given in this return is	true to the best of my			
Signed	Mul	Date	2.7.99			
† Please delete as appropriate.	† a director / secretary					
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	This return includes	con	tinuation sheets.			
Please give the name, address,	R Tait Walker & Co		<del></del>			
telephone number and, if available, a DX number and Exchange of	Bulman House Regent Centre					
the person Companies House should	Gosforth					
contact if there is any query.	NE3 3LS	Tel 0191 285 032	1			
	DX number 60368	DX exchange Gost	orth			