



Companies House
— for the record —

AR01 (ef)

Annual Return



X11OKOFL

Received for filing in Electronic Format on the: **02/10/2012**

Company Name: **A.P.A.G.B.I. LIMITED**

Company Number: **05933974**

Date of this return: **13/09/2012**

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 Secretary 1

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

Surname: **MORIARTY**

Former names:

Service Address recorded as Company's registered office

Company Director 1

Type: **Person**
Full forename(s): **DR ROBERT MILES**

Surname: **BINGHAM**

Former names:

Service Address: **7 CALTON AVENUE
LONDON
SE21 7DE**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **30/03/1953** Nationality: **BRITISH**

Occupation: **CONSULTANT PAEDIATRIC
ANAESTHE**

Company Director **2**

Type: **Person**
Full forename(s): **DOCTOR ALYSON**

Surname: **CALDER**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **21/10/1978** *Nationality:* **BRITISH**

Occupation: **MEDICAL DOCTOR**

Company Director **3**

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

Surname: **CASEY**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **IRELAND**

Date of Birth: **06/11/1954** *Nationality:* **IRISH**

Occupation: **MEDICAL DOCTOR**

Company Director **4**

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

Surname: **CRANSTON**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **29/11/1958** *Nationality:* **BRITISH**

Occupation: **MEDICAL DOCTOR**

Company Director **5**

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

Surname: **GILDERSLEVE**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **26/10/1958** *Nationality:* **BRITISH**

Occupation: **MEDICAL DOCTOR**

Company Director **6**

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

Surname: **MORIARTY**

Former names:

Service Address: **WOOD END HOUSE WOOD END LANE
FILLONGLEY
COVENTRY
WARWICKSHIRE
UNITED KINGDOM
CV7 8DF**

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

Date of Birth: **09/02/1962** *Nationality:* **BRITISH**
Occupation: **DOCTOR**

Company Director 7

Type: **Person**

Full forename(s): **DR NEIL STUART**

Surname: **MORTON**

Former names:

Service Address: **LOCHEND COTTAGE
GARTOCHARN
ALEXANDRIA
DUNBARTONSHIRE
G83 8RR**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **14/10/1955** *Nationality:* **BRITISH**

Occupation: **CONSULTANT IN PAEDIATRIC
ANAES**

Company Director 8

Type: **Person**

Full forename(s): **DOCTOR JUDITH**

Surname: **SHORT**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **10/06/1968**

Nationality: **BRITISH**

Occupation: **MEDICAL DOCTOR**

Company Director **9**

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

Surname: **STACK**

Former names:

Service Address: **6 CLUMBER ROAD
SHEFFIELD
SOUTH YORKSHIRE
UNITED KINGDOM
S10 3LE**

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

Date of Birth: **20/04/1956** *Nationality:* **BRITISH**
Occupation: **DOCTOR**

Company Director 10

Type: **Person**

Full forename(s): **DOCTOR FRANCIS**

Surname: **VEYCKEMANS**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **BELGIUM**

Date of Birth: **24/07/1952**

Nationality: **BELGIAN**

Occupation: **MEDICAL DOCTOR**

Company Director 11

Type: **Person**

Full forename(s): **DR KATHLEEN ANN**

Surname: **WILKINSON**

Former names:

Service Address: **MANOR MOORINGS
10 YARMOUTH ROAD
NORWICH
NR7 0EF**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **13/05/1958**

Nationality: **BRITISH**

Occupation: **HOSPITAL DOCTOR**

Company Director 12

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

Surname: **DRYDEN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **23/04/1962** *Nationality:* **BRITISH**

Occupation: **MEDICAL 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.