

363a

Please complete in typescript, **Annual Return** or in bold black capitals. CHFP010 Company Number | 05424122 Company Name in full | THE INTERNATIONAL ACADEMY OF ORAL ONCOLOGY Month Year Date of this return The information in this return is made up Date of next return Month Day Year If you wish to make your next return to a date earlier than the anniversary of this return please show the date here Companies House will then send a form at the appropriate time **Registered Office** Eastman Dental Institute UCL, 256 Grays Inn Road Show here the address at the date of this return Any change of Post town London registered office must be notified on form County / Region 287 UK Postcode | WC1X 8LD Principal business activities Show trade classification code number(s) for the principal activity or activities If the code number cannot be determined, give a brief description of principal activity



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

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

ОГ

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Register of members f the register of members is the registered office, state to kept	os not kept at here where it is here where it is here. Post town here.	UK Postcode
Register of Debentur If there is a register of debe or a duplicate of any such r of it, which is not kept at th office, state where it is kep	enture holders, register or part e registered	UK Postcode
Company type		
Public limited company		
Private company limited by	shares	
Private company limited by guarantee without share capital Private company limited by shares exempt under section 30 Private company limited by guarantee exempt under section 30 Private unlimited company with share capital Private unlimited company without share capital		Please tick the appropriate box
Company Secretary		Details of a new company secretary must be notified on form 288a
(Please photocopy this area to provide details of joint secretaries)	* Style / Title	Professor
* Voluntary details	Forename(s)	Crispian
If a partnership give the names and addresses of the partners or the name of the partnership and office address	Surname	Scully 104 The Drive
Usual residential address must be	Post town	Chorleywood
given. In the case of a corporation,	County / Region	Hertfordshire UK Postcode WD3 4DU
give the registered or principal office address	Country	



Directors Please list directors in alphabetical order		Details of new directors must be notified on form 288a		
Na	me * Style / Title	Professor		
		Day Month Year		
Directors In the case of a director that is a corporate	Date of birth	2 4 0 3 1 9 4 2		
or a Scottish firm, the name is the	Forename(s)	John Dudley		
corporate or firm name	Surname	Langdon		
Address		The Old Rectory, Church S	treet	
Usual residential address must be				
given In the case of a corporation,	Post town	Limington		
give the registered or principal office	County / Region	Somerset	UK Postcode BA22 8EQ	
address	Country		Nationality British	
(Business occupation	Retired Surgeon		
* Voluntary details				
Na	ame * Style / Title	Professor		
Directors In the		Day Month Year		
case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name	Date of birth	0 4 0 3 1 9 4 7		
	Forename(s)	Jean Louis Henri		
	Surname	Lefebvre		
Address		14 Rue Pasteur		
Usual residential address must be given in the case of a corporation, give the registered or principal office address				
	Post town	Hallennes 59320		
	County / Region		UK Postcode	
	Country	France	Nationality French	
	Business occupation	Surgeon		



Directors Please list directors in alphabetical order		Details of new directors must be	notified on form 288a
Name	* Style / Title	Professor	
Discoulant In Aba		Day Month Year	
Directors In the case of a director that is a corporate or a Scottish firm, the name is the	Date of birth	3 1 0 8 1 9 4 8	
	Forename(s)	Alexander Demetrius	
corporate or firm name	Surname	Rapidis	
Addre	ess	17 S Karagiorga Street	
Usual residential address must be			
given In the case of a corporation,	Post town	Athens	
give the registered or principal office	County / Region	16674	UK Postcode
address	Country	Greece	Nationality Greek
Bus	siness occupation	Surgeon	
* Voluntary details			
Name	e * Style / Title		
Directors In the		Day Month Year	
case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name	Date of birth	2 4 0 5 1 9 4 5	
	Forename(s)	Crispian	
	Surname	Scully	
Address		104 The Drive	
Usual residential address must be			
given In the case of a corporation, give the registered or principal office address	Post town	Chorleywood	
	County / Region	Hertfo <u>rds</u> hire	UK Postcode WD3 4DU
	Country		Nationality British

Business occupation University Professor



Directors Please list directors in all	ohabetical order	Details of new directors must be notified on form 288a		
Name * Style / Title		Professor		
Description to the		Day Month Year		
Case of a director that is a corporate	Date of birth	3 1 1 2 1 9 4 0		
or a Scottish firm, the name is the	Forename(s)	Jatin		
corporate or firm name	Surname	Shah		
Ad	ddress	30 Beachfront Lane		
Usual residential address must be				
given in the case of a corporation,	Post town	New Rochelle		
give the registered or principal office	County / Region	New York 10805	UK Postcode	
address	Country	USA	Nationality American	
	Business occupation	Surgeon		
* Voluntary details				
N	ame * Style / Title	1		
Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name	Date of birth	Day Month Year		
	Forename(s)	L		
	Surname			
A	ddress			
Usual residential				
address must be given In the case of a corporation, give the registered or principal office address	Post town			
	County / Pages			
	County / Region		N. d	
	Country		Nationality	
	Business occupation			



Enter details of all the shares in issue at the date of this return	Class (e g Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share or total amount of stock)		
		<u> </u>			
	Totals				
List of past and present sharel	nolders		٦		
(use attached schedule where appropriate) A full list is required if one was not	There were no chang	es in the period	_		
included with either of the last two returns	A list of changes is e	on pap nclosed	er in another format		
	A full list of sharehold	ders is enclosed			
Certificate	I certify that the infor	mation given in this return	is true to the best of my		
Certificate	knowledge and belie	f			
Sign	t a director / secretary	C Da	te 22 May 2008		
When you have signed the return send with the fee to the Registrar of Companies Cheques should be made payable to Companies House.	ıt This return i	ncludes 0 (enter number)	continuation sheets		
Please give the name, address, telephonumber and, if available, a DX number	· · · · · · · · · · · · · · · · · · ·	x and Advisory Servi	ces LLP, The Clock		
and Exchange of the person Companie House should contact if there is any qu	House, 140 Lon	don Road, Guildford,	Surrey, GU1 1UW		
, ,	<u> </u>	Tel			
BAKER TILLY	DX number 2415	DX exchange [G	uldford-1		