



COMPANIES HOUSE

THE REGISTRAR OF COMPANIES
COMPANIES HOUSE
CROWN WAY
CARDIFF
CF4 3UZ



A25 *AMUQ7PV7* 467
COMPANIES HOUSE 17/10/96

This form should be completed in black.

The information printed below is taken from Companies House records as at 28/09/96

If this information requires amendment use the spaces opposite.

Date of this return (See note 1)

The information in this return should be made up to a date not later than

Day	Month	Year
12	10	96

Date of next return (See note 2)

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.

Day	Month	Year

Day	Month	Year

Registered Office (See note 3)

This is the address registered by Companies House.

SPRINGSIDE HOUSE
133 MONTAGUE STREET
BLACKBURN
BB2 1ED

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.....
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Principal business activities (See note 4)

Trade classification is
5170 OTHER WHOLESALE

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If the code cannot be determined from the notes, give a brief description of principal activity.

of company number 01820888

B

company name

B M S CRITICAL CARE LIMITED

company type

PRIVATE COMPANY LIMITED BY SHARES

NW
15
003348
363s

Annual Return

01820888

Register of members (See note 5)

The register is kept at
REGISTERED OFFICE

If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change.

Register of debenture holders (See note 6)

Any register of debenture holders (or duplicate) is kept at

Company Secretary (See note 7)

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

SUSAN JENNIFER
RICHARDS
3 MELLOR BROW
MELLOR
BLACKBURN
LANCASHIRE BB2 7EX

Day Month Year

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Date of any change.

If this person has ceased to be secretary, please state when.

Day Month Year

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Date of resignation.

Directors (See note 7)

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

PAUL JOSEPH
RICHARDS
3 MELLOR BROW
MELLOR
BLACKBURN
LANCASHIRE BB2 7EX

Day Month Year

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Date of any change.

Date of Birth:— 05/05/49
Nat:BRITISH
Occ:SALES EXECUTIVE

If this person has ceased to be director, please state when.

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

continued

If the information shown needs amendment,
give details below and the date of any change.

Day	Month	Year

Date of any change.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please
state when.

Day	Month	Year

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day	Month	Year

Date of any change.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please
state when.

Day	Month	Year

Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day	Month	Year

Date of any change.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

If this person has ceased to be director, please
state when.

Day	Month	Year

Date of resignation.

Show any relevant current and previous directorships.

Issued Share Capital (See note 8)

Enter details of all shares in issue at the date of this return.

Class (eg Ordinary/ Preference etc)	Number of shares issued	Aggregate nominal value (ie Number of shares issued multiplied by nominal value per share)
ORDINARY	3000	13000
Totals	3000	13000

List of past and present members

(See note 9)

(Use attached schedule where appropriate)

Please mark the appropriate box.

A full list is required.

on paper not on
paper

A full list of members is enclosed

☐☒**Elective resolutions** (See note 10)

(Private companies only)

If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark this box.

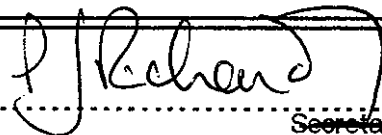
☐

If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark this box.

☐**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed



Secretary/Director*

*(delete as appropriate)

Date 15.10.96

I enclose the fee of **£15.**

Cheques should be made payable
to **Companies House.**

This return includes 0 continuation sheets.
(enter number)

**Please ensure that you have completed
all sections on this page.**

To whom should Companies House direct any
enquiries about the information shown in this
return?----->

M.E. LANCASHIRE
B.M.S. CRITICAL CARE LTD
SPRINGSIDE HOUSE, 133 MONTAGUE ST
BLACKBURN, LANCs Postcode BB2 1ED

Telephone 01254 680290 Ext

SCHEDULE TO FORM 363

Continued overleaf

SCHEDULE TO FORM 363[illegible]