



Companies House

AR01 (ef)

Annual Return



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Company Name: **HEWORTH OSTEOPATHIC PRACTICE**

Company Number: **07169545**

Date of this return: **05/02/2015**

SIC codes: **86900**

Company Type: **Private unlimited with share capital**

Situation of Registered Office: **LIME TREE HOUSE NORTH LANE
WHELDRAKE
YORKSHIRE
YO19 6AY**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MR MATTHEW**

Surname: **KENNINGTON**

Former names:

Service Address: **LIME TREE HOUSE NORTH LANE
WHELDRAKE
YORKSHIRE
ENGLAND
YO19 6AY**

Company Director ***I***

Type: **Person**

Full forename(s): **MRS JACQUI**

Surname: **KENNINGTON**

Former names:

Service Address: **LIME TREE HOUSE NORTH LANE
WHELDRAKE
YORKSHIRE
ENGLAND
YO19 6AY**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **25/11/1978**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	2
		<i>Aggregate nominal value</i>	2
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

FULL VOTING RIGHTS FULL DIVIDEND RIGHTS FULL PARTICIPATION AND DISTRIBUTIONS NON REDEEMABLE

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	2
		<i>Total aggregate nominal value</i>	2

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 05/02/2015 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **1 ORDINARY shares held as at the date of this return**
Name: **JACQUI KENNINGTON**

Shareholding 2 : **1 ORDINARY shares held as at the date of this return**
Name: **JACQUI KENNINGTON**

Name: **MATTHEW KENNINGTON**

Authorisation

Authenticated

This form was authorised by one of the following:

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