



Companies House
— for the record —

AR01 (ef)

Annual Return



X1ZJ005S

Received for filing in Electronic Format on the: **07/01/2013**

Company Name: **NATIONAL BACK PAIN ASSOCIATION**

Company Number: **00936855**

Date of this return: **14/12/2012**

SIC codes: **94120**

Company Type: **Private company limited by guarantee**

Situation of Registered Office: **16 ELMTREE ROAD
TEDDINGTON
MIDDLESEX
TW11 8ST**

Officers of the company

Company Director **1**

Type: **Person**
Full forename(s): **DR ALAN DAVID HYDE**

Surname: **GARDNER**

Former names:

Service Address: **1 HYDE LANE
DANBURY
CHELMSFORD
ESSEX
CM3 4QX**

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

Date of Birth: **03/03/1939** *Nationality:* **BRITISH**
Occupation: **SURGEON**

Company Director 2

Type: **Person**
Full forename(s): **BRIAN ROBERT**

Surname: **HAMMOND**

Former names:

Service Address: **1 THE CAUSEWAY
SUTTON
SURREY
SM2 5RS**

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

Date of Birth: **28/05/1953** *Nationality:* **IRISH**
Occupation: **CHIROPRACTOR**

Company Director **3**

Type: **Person**
Full forename(s): **MS ROSY**

Surname: **HYMAN**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **11/08/1975** *Nationality:* **BRITISH**
Occupation: **OSTEOPATH**

Company Director **4**

Type: **Person**
Full forename(s): **ELIZABETH ANNE**

Surname: **PROSSER**

Former names:

Service Address: **3 CROXDEN CLOSE**
 EDGWARE
 MIDDLESEX
 HA8 5PS

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

Date of Birth: **23/01/1956** *Nationality:* **BRITISH**
Occupation: **INDEPENDENT CONSULTANT**

Company Director **5**

Type: **Person**

Full forename(s): **DR LISA CAROL**

Surname: **ROBERTS**

Former names: **SMITH**

Service Address: **8 LUCAS CLOSE
ROWNHAMS
SOUTHAMPTON
SO16 8JD**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **21/05/1967** *Nationality:* **BRITISH**

Occupation: **LECTURER PHYSIOTHERAPIST**

Company Director **6**

Type: **Person**
Full forename(s): **ANN MARION**

Surname: **THOMSON**

Former names:

Service Address: **31 SYON PARK GARDENS
OSTERLEY
ISLEWORTH
MIDDLESEX
TW7 5NE**

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

Date of Birth: **22/05/1938** *Nationality:* **BRITISH**
Occupation: **HEAD OF SCHOOL
PHYSIOTHERAPY**

Authorisation

Authenticated

This form was authorised by one of the following:

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