

Please complete in typescript,
or in bold black capitals.

Annual Return

CHFP010

Company Number

5510525

Company Name in full

Reflex chiropractic limited

Date of this return

The information in this return is made up to

Day		Month		Year		
1	8	0	7	2	0	0

Date of next return

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		

Registered Office

Show here the address at the date of this return.

Kineton House, 31 Horse Fair

Any change of registered office must be notified on form 287.

Post town

Banbury

County / Region

Oxon

UK Postcode

OX16 OAE

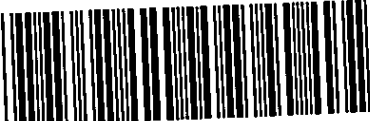
Principal business activities

Show trade classification code number(s) for the principal activity or activities.

8514

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

TUESDAY



P7QWECIQ

PC3 18/08/2009 375

COMPANIES HOUSE

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 or

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

DX ED235 Edinburgh 1
or LP-4 Edinburgh 2

Register of members

If the register of members is not kept at the registered office, state here where it is kept.

Post town _____
 County / Region _____ UK Postcode _____

Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

Post town _____
 County / Region _____ 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

* Voluntary details.

(Please photocopy this area to provide details of joint secretaries).

Name * Style / Title Mr _____

Forename(s) Andrew Charles Edward _____

Surname Green _____

Address †† 2 North Street _____

Post town Islip _____

County / Region Oxon _____ UK Postcode OX5 2SL _____

Country _____

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

* Voluntary details.

Name

* Style / Title

Mr

In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year

Date of birth

1 1 1 2 1 9 7 1

Forename(s)

Andrew Charles Edward

Surname

Green

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

Address ††

2 North Street

Post town

Islip

County / Region

Oxon

UK Postcode

OX5 2SL

Country

Nationality

British

Business occupation

Chiropractor

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

* Voluntary details.

Name

* Style / Title

Mrs

In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name

Day Month Year

Date of birth

2 3 1 2 1 9 7 4

Forename(s)

Laura Mary

Surname

Green

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

Address ††

2 North Street

Post town

Islip

County / Region

Oxon

UK Postcode

OX5 2SL

Country

Nationality

British

Business occupation

Chiropractor

Issue share capital

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)
Ordinary	100	£100.00
Totals	100	100.00

Traded public companies

A traded public company means a company any of whose shares are shares admitted to trading on a regulated market

Please tick this box if your company was a traded public company at any time during the period of this return

List of past and present shareholders

(use attached schedule where appropriate)

Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.

Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two returns.

Please tick the appropriate box below:

A full list of shareholders for a private or non-traded public company is enclosed. **Please complete Schedule A.**

on paper in another format

A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. **Please complete Schedule B.**

A list containing shareholder changes is enclosed

→ For private or non-traded public companies, please complete **Schedule A**

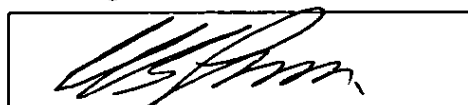
→ For traded public companies, please complete **Schedule B**

There were no shareholder changes in this period

Certificate

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

Signed



Date

2/8/09

† Please delete as appropriate.

† (director / secretary)

When you have signed the return send it with the fee to the Registrar of Companies. Make cheques payable to Companies House.

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

This return includes continuation sheets.
(enter number)

Tel | _____

DX number | _____ DX exchange | _____

BLUEPRINT

2000

Schedule A for private or non-traded public companies List of past and present shareholders

(Please use a continuation sheet if required)

CHFP010

Company Number | 5510525

Company Name in full | Reflex chiropractic limited

This must only be completed by private and public limited companies that have not traded on a regulated market

- > Changes to shareholders' particulars or details of the amount of stock or shares transferred must be completed each year
- > You must provide a "full list" of all the company shareholders on:
 - The company's first annual return following incorporation
 - Every third annual return after a full list has been provided
- > List the company shareholders in alphabetical order to provide an index
- > List joint shareholders consecutively

Do not give shareholder address information

Shareholder's name only	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate)	Class and number of shares or amount of stock transferred	Date of registration of transfer
Name Andrew Charles Edward Green <hr/> <div style="text-align: center; font-size: 2em;">X</div>	£1.00 Ordinary			
	Shares Held 50			
Name Laura Mary Green <hr/> <div style="text-align: center; font-size: 2em;">X</div>	£1.00 Ordinary			
	Shares Held 50			
Name <hr/> <div style="text-align: center; font-size: 2em;">X</div>				