



Companies House

AR01 (ef)

Annual Return



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Company Name: **INJURY TIME PHYSIOTHERAPY LIMITED**

Company Number: **SC444410**

Date of this return: **06/03/2016**

SIC codes: **82990**

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

Situation of Registered Office: **OFFICE 10 BURNSIDE BUSINESS CENTRE
BURNSIDE ROAD
PETERHEAD
AB42 3AW**

Single Alternative Inspection Location (SAIL)

The address for an alternative location to the company's registered office for the inspection of registers is:

COMMERCE HOUSE SOUTH STREET
ELGIN
MORAY
SCOTLAND
IV30 1JE

There are no records kept at the above address

Officers of the company

Company Director **1**

Type: **Person**

Full forename(s): **MRS JENNIFER CAROLINE**

Surname: **ROSS**

Former names:

Service Address: **MILL OF FIDDES FARM HOUSE
FOVERAN
ELLON
UNITED KINGDOM
AB41 6RH**

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

Date of Birth: ****/12/1955**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

Statement of Capital (Share Capital)

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

Prescribed particulars

A SHAREHOLDER SHALL BE ENTITLED TO ONE VOTE IN RESPECT OF EACH SHARE HELD

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	1
		<i>Total aggregate nominal value</i>	1

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 06/03/2016 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: **MRS JENNIFER CAROLINE ROSS**

Authorisation

Authenticated

This form was authorised by one of the following:

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