



**Confirmation Statement**

Company Name: **YORKSHIRE HEALTH SOLUTIONS LTD**

Company Number: **07851084**



Received for filing in Electronic Format on the: **24/11/2017**

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Company Name: **YORKSHIRE HEALTH SOLUTIONS LTD**

Company Number: **07851084**

Confirmation Statement date: **17/11/2017**

Statement date:

Sic Codes: **82990**

Principal activity description: **Other business support service activities n.e.c.**

## Statement of Capital (Share Capital)

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<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>160</b>
Currency:	<b>GBP</b>	Aggregate nominal value:	<b>160</b>

Prescribed particulars

**ONE SHARE EQUALS ONE VOTE SO LONG AS THERE ARE NO RIGHTS ATTACHED TO SHARES ON WINDING-UP ETC OR REDEMPTION RIGHTS**

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## Statement of Capital (Totals)

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Currency:	<b>GBP</b>	Total number of shares:	<b>160</b>
		Total aggregate nominal value:	<b>160</b>
		Total aggregate amount unpaid:	<b>0</b>

## Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

Shareholder information for a non-traded company as at the confirmation statement date is shown below

Shareholding 1: **40 transferred on 2017-04-04**  
**0 ORDINARY shares held as at the date of this confirmation statement**  
Name: **JOHN BRITTENDEN**

Shareholding 2: **40 transferred on 2017-04-04**  
**0 ORDINARY shares held as at the date of this confirmation statement**  
Name: **RICHARD ROBINSON**

Shareholding 3: **20 transferred on 2017-04-04**  
**0 ORDINARY shares held as at the date of this confirmation statement**  
Name: **NICHOLAS SPENCER**

Shareholding 4: **20 transferred on 2017-04-04**  
**0 ORDINARY shares held as at the date of this confirmation statement**  
Name: **PAUL TURNER**

Shareholding 5: **40 transferred on 2017-04-04**  
**0 ORDINARY shares held as at the date of this confirmation statement**  
Name: **NIGEL WELLS**

Shareholding 6: **160 ORDINARY shares held as at the date of this confirmation statement**  
Name: **NMU HEALTH SOLUTIONS LIMITED**

# Confirmation Statement

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

# Authorisation

Authenticated

This form was authorised by one of the following:

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