

Please complete in typescript, or in bold black capitals.

N.W. \$150 x 10 077288

363a

An	nual	Retu	ırn
	HMU		

**CHFP029** 

**Company Number** 

366250

**Company Name in full** 

Crookes Healthcare Limited		
		_

Date of this return (See note 1) The information in this return is made up to

Day	Month	rear	
0 7	8 0	2 0 0	10

Date of next return(See note 2) 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.

D	ay	Мог	nth	Y	ear			
0	7	0	8	2	0	0	1	

1 THANE ROAD WEST

NG2 3AA

Registered Office(See note 3) Show here the address at the date of this return.

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

Post town

County / Region

Postcode

**NOTTINGHAM** 

Principal business activities

(See note 4)

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

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

5146		



COMPANIES HOUSE

11/08/00

Form revised July 1998

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Page 1

Register of r	nemb	ers(See note 5)					
If the register of mer registered office, sta							
109.0.0.04 000, 0		William Kopii					
		Post town					
County / Region						Postcode	
Register of [	)eber	ture holders					
(See note 6)							
If there is a register and it is not kept at							
state here where it i		stored emoc,					
		Post town					
		County / Region				Postcode	
Company ty	<b>pe</b> (See	e note 7)					
Public limited company	y						
Private company limite	d by shar	res	x				
Private company limite share capital	d by guar	rantee without					
Private company limite section 30	d by shar	res exempt under	Please mark the appropriate box				
Private company limite under section 30	d by guar	rantee exempt					
Private unlimited comp	any with	share capital					
Private unlimited comp	any withou	out share capital					
Company Se	creta	I <b>ry</b> (see notes 1-5)	Details of a new co	mpany	/ secretary i	nust be notific	ed on form 288a.
(Please photocopy		· 	MS				
this area to provide details of joint	Name	* Style / Title	INO			*Honours etc	
secretaries).		Forename(s)	SONIA				
* Voluntary details.		Surname	FENNELL				
Total Naily Edition	Pre	vious forename(s)					
	Pr	evious surname(s)					
	Addre	ss	GILLIVER COTTAGE				
Usual resident	ial		CLIPSTON ON THE W	OLDS			
address must be given. In the case	of a	Post town	NOTTINGHAM				
corporation, give to registered or prince office address.		County / Region				Postcode	NG12 5PD
onice address.		Country					

Please list direct			Details of new directo	rs must be notifie	a on torm 2	288a	
	Name	* Style / Title	MR		_		
	Name Otyle / Title				Day	Month Year	
		* Honours etc		Date of b	irth 0 6	1 1 1 9 6 7	
		Forename(s)	KARL ROBERT				
	Surname						
	Prev	vious forename(s)					
	Pre	vious surname(s)					
	Address		10 KIRTON PARK, KIRTO	N			
Usual residen	tial				<u> </u>		
address must be given. In the cas	oe .	Post town	NEWARK				
corporation, give registered or prin office address.		County / Region	NOTTINGHAMSHIRE		Postcode	NG22 9LR	
onice address.		Country	ENGLAND	N	lationality	BRITISH	
Business occupation			DIRECTOR OF FINANCE				
	Other di	rectorships	NO OTHER DIRECTORSHIPS				
* Voluntary details.							
	Name	* Style / Title	MR		Day	Month Year	
		* Honours etc		Date of b	irth 2 7	1 1 1 9 6 2	
		Forename(s)	WILLIAM ANDREW CALV	ELEY			
		Surname	COTTON				
	Prev	rious forename(s)					
	Pre	vious surname(s)					
	Address		1 ALBURY SQUARE, THE	PARK			
Usual residen address must b							
given. In the cas corporation, give	e of a	Post town	NOTTINGHAM				
registered or prir office address.	ncipa <b>l</b>	County / Region			Postcode	NG7 1AB	
		Country	ENGLAND	N	lationality	BRITISH	
	Busines	s occupation	MANAGING DIRECTOR				
	Other di	rectorships	PROPRIETARY ASSOCIA	TION OF GREAT BRI	TAIN		

Directors (see notes 1-5) Please list directors in alphabetical order		Details of new directors must be notified on form 288a.				
	ors in aipnabelical order Name          * Style / Title	MR	Day Month Year			
	* Honours etc					
			Date of birth 0 8 0 9 1 9 4 4			
	Foreneme(s)	PHILLIP				
	Surname	DAVEY				
	Previous forename(s)					
	Previous surname					
	Address	WILLOW LODGE, 38 THE CHANC	CERY			
Usual resident	tial	BRAMCOTE				
address must b		NOTTINGHAM				
corporation, give registered or prin	the County / Region		Postcode NG9 3AJ			
office address.	Country					
[	Nationality	BRITISH				
1	Business occupation	DIRECTOR				
(	Other directorships	See attached list				
		MR				
	Name * Style / Title	MR	Day Month Year			
	Name * Style / Title  * Honours etc		Day Month Year  Date of birth 2 6 0 1 1 9 6 2			
	* Honours etc	JONATHAN STUART				
	* Honours etc Forename(s)	JONATHAN STUART SINCLAIR				
	* Honours etc Forename(s) Surname	JONATHAN STUART SINCLAIR				
	* Honours etc Forename(s) Surname Previous forename(s)	JONATHAN STUART SINCLAIR				
	* Honours etc Forename(s) Surname Previous forename(s) Previous surname	JONATHAN STUART SINCLAIR				
Usual resident address must b	* Honours etc Forename(s) Surname Previous forename(s) Previous surname Address	JONATHAN STUART  SINCLAIR  57 HALLFIELDS, EDWALTON				
Usual resident address must b given. In the case corporation, give registered or prin	* Honours etc.  Forename(s)  Surname  Previous forename(s)  Previous surname  Address  tial  be Post town e of a	JONATHAN STUART  SINCLAIR  57 HALLFIELDS, EDWALTON  NOTTINGHAM				
Usual resident address must b given. In the case corporation, give	* Honours etc.  Forename(s)  Surname  Previous forename(s)  Previous surname  Address  tial  be Post town e of a	JONATHAN STUART  SINCLAIR  57 HALLFIELDS, EDWALTON  NOTTINGHAM	Date of birth 2 6 0 1 1 9 6 2			
Usual resident address must b given. In the case corporation, give registered or prin office address.	* Honours etc.  Forename(s)  Surname  Previous forename(s)  Previous surname  Address  fial  be Post town e of a the ncipal  County / Region	JONATHAN STUART  SINCLAIR  57 HALLFIELDS, EDWALTON  NOTTINGHAM	Date of birth 2 6 0 1 1 9 6 2			
Usual resident address must b given. In the case corporation, give registered or prin office address.	* Honours etc.  Forename(s)  Surname  Previous forename(s)  Previous surname  Address  tial  be Post town e of a the County / Region  Country	JONATHAN STUART  SINCLAIR  57 HALLFIELDS, EDWALTON  NOTTINGHAM	Date of birth 2 6 0 1 1 9 6 2			
Usual resident address must be given. In the case corporation, give registered or prin office address.	* Honours etc.  Forename(s)  Surname  Previous forename(s)  Previous surname  Address  tial  be Post town e of a the County / Region  Country  Nationality	JONATHAN STUART  SINCLAIR  57 HALLFIELDS, EDWALTON  NOTTINGHAM  BRITISH	Date of birth 2 6 0 1 1 9 6 2			
Usual resident address must be given. In the case corporation, give registered or prin office address.	* Honours etc.  Forename(s)  Surname  Previous forename(s)  Previous surname  Address  tial  be Post town e of a the County / Region  Country  Nationality  Business occupation	JONATHAN STUART  SINCLAIR  57 HALLFIELDS, EDWALTON  NOTTINGHAM  BRITISH  DIRECTOR	Date of birth 2 6 0 1 1 9 6 2			

	Other relevant directorships
Company Number	366250
Company Name	Crookes Healthcare Limited
Directors Name	DAVEY PHILLIP
† Directors only. † Other directorships	BHI SERVICE BUREAU LIMITED
	BOOTS HEALTHCARE (CIS) LIMITED
NOTES	BOOTS HEALTHCARE (GB) LIMITED
Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the	
name on surname line and registered or principal office on the usual residential line.  Give previous forenames or surname(s) except:	BOOTS HEALTHCARE (MEMA) LIMITED
- for a married woman, the name by which she was known before marriage need not be given.	BOOTS HEALTHCARE CENTRAL & EASTERN EUROPE LIMITED
- for names not used since the age of 18 or for at least 20 years	
A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was	COUNCIL OF THE INSTITUTE OF GROCERY DISTRIBUTION
known before he or she adopted the title or preceded to it.	NUROFEN LIMITED
Other directorships.	
Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.	OPTREX LIMITED
You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was	PROPRIETARY ASSOCIATION OF GREAT BRITAIN
- dormant	
- a parent company which wholly owned the company making the return, or	
<ul> <li>another wholly owned subsidiary of the same parent company.</li> </ul>	

	Other relevant directorships
Company Number	366250
Company Name	Crookes Healthcare Limited
Directors Name	SINCLAIR JONATHAN STUART
† Directors only. † Other directorships	BHI SERVICE BUREAU LIMITED
	BOOTS HEALTHCARE (CIS) LIMITED
NOTES	BOOTS HEALTHCARE (GB) LIMITED
Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surmame line and registered or principal office	
on the usual residential line.  Give previous forenames or surname(s) except:	BOOTS HEALTHCARE (MEMA) LIMITED
- for a married woman, the name by which she was known before marriage need not be given.	BOOTS HEALTHCARE CENTRAL & EASTERN EUROPE LIMITED
- for names not used since the age of 18 or for at least 20 years	
A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or preceded	BOOTS HEALTHCARE INTERNATIONAL LIMITED
to it.	DO IT ALL (HOLDINGS) LIMITED
Other directorships.	
Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.	DO IT ALL LIMITED
You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was	OPTREX LIMITED
- dormant	PAUL MADELEY LIMITED
- a parent company which wholly owned the company making the return, or	
- another wholly owned subsidiary of the same parent company.	PAYLESS DIY LIMITED

Issued share capital (see note 9) 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)
	£1 ORDS	225,000	£ 225,000.00
	Totals	225,000	£ 225,000.00
List of past and present members (Use attached schedule where appropriate)	There were no changes		·
A full list is required if one was not included with either of the last two returns. (see note 10)	A list of changes is enclo	on paper	in another format
	A full list of members is		
Elective resolutions (Private companies only) (See note 11)	If at the date of this retur	n an election is in force t annual general meeting	
	If at the date of this retur laying acco	n an election is in force t unts in general meetings	
Certificate	I certify that the informat knowledge and belief.	ion given in this return is	true to the best of my
Signed † Please delete as appropriate.	† a director/secretary	<u>O</u> [	8/8/00
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	This return includes	co (enter number)	ntinuation sheets.
Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should	SONIA FENNELL, THE BOOTS CO	DMPANY PLC, GROUP HEADQUAR	TERS, NOTTINGHAM, ., NG2 3AA
contact if there is any query.		Tel 0115-968 7094	
	DX number 712061	DX exchange BEES	STON 2



Please complete in typescript, or in bold black capitals.

CHFP029

## List of past and present members Schedule to form 363a, 363b

0111 1 020	Company Number	366250				
	Company Name in full	Crookes Healthcare	Limited			
Name and address		or amount of stock held by	stock held by first return, since the incorporation of the existing members company) by at date of this (a) persons who are still members, and return. (b) persons who have ceased to be member Number or Number or Date of amount amount registration			
THE BOOTS C 1 THANE ROA	OMPANY (NOMINEES) LIMITED D WEST, NOTTINGHAM, NG2 3AA	£1 ords				
THE BOOTS C NOTTINGHAM	OMPANY PLC , NG2 3AA	£1 ords 224,998				