

Please complete in or in bold black cap	oitals C l	irector or secretary se Form 288a) or resigna	(NOT for a	ppointment
CHFP029	<u></u>	366250		51111 2502))
Company Name in full		Crookes Healthcare Limited		
Changes of particulars	Complete in all cases	Day Date of change of particulars 1 12	Month Year	0 2
form	Name *Style / Title	MS	*Honours etc	
	Forename(s)	SONIA		
	Surname	FENNELL		
	† Date of Birth	Day Month Year		
Change of name	Forename(s)			
,	Surname			
Change of usual residential address (enter new address) Post town		GILLIVER COTTAGE, GILLIVER LANE, CLIPSTON ON THE WOLDS		
		NOTTINGHAM		
	County / Region		Postcode	NG12 5PD
	Country	ENGLAND		
Other change	(please specify)			
A serving director, secretary etc must sign the form below.				
* Voluntary details. † Directors only. **Delete as appropriate.	Signed	Several (** director / secretary / administrator / administrative	Date	1 2 FEB 2002
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.		SONIA FENNELL, THE BOOTS COMPANY PLC, GROUP HEADQUARTERS, NOTTINGHAM, NG2 3AA		
		Tel 0115-968 7094		

COMPANIES HOUSE
Form revised July 1998

0579 15/02/02

DX exchange BEESTON 2 DX number 712061 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 Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 235 Edinburgh for companies registered in Scotland