

Please complete in typescript, or in bold black capitals.

CHFP029

086914 100 363a

Annual Return

Company Name in full Crookes Healthcare Limited Date of this return The information in this return is made up to Day Month Year O 7 / O 8 / O 0 3 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 Day Month Year Day Month Year	
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at the appropriate time.	
Desired and April 1	
Registered Office Show here the address at the date of this return. 1 THANE ROAD WEST	
Any change of registered office Post town NOTTINGHAM	
must be notified on form 287. County / Region	
UK Postcode N G 2 L 3 A A	
Principal business activities	
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.	



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 for companies registered in Scotland DX 235 Edinburgh

	embers mbers is not kept at the ate here where it is kept. Post town				
	County / Region	UK Postcode			
If there is a register	ebenture holders of debenture holders, y such register or part pt at the registered				
	Post town				
	County / Region	UK Postcode			
Company typ	e				
Public limited company	ý				
Private company limite	d by shares	X			
Private company limite share capital	d by guarantee without				
Private company limite section 30	d by shares exempt under	Please tick the appropriate box			
Private company limite under section 30	d by guarantee exempt				
Private unlimited comp	pany with share capital				
Private unlimited comp	oany without share capital				
Company Sec	cretary	Details of a new company secretary must be notified on form 288a.			
(Please photocopy this area to provide details of joint sec- retaries).	Name * Style / Title				
* Voluntary details.	Forename(s)	SONIA			
If a partnership give the names and addresses of the part- ners or the name of the partnership and office address.	Surname(s)	FENNELL			
	Address	GILLIVER COTTAGE			
Usual residential		GILLIVER LANE, CLIPSTON ON THE WOLDS			
address must be given. In the case of a corporation, or a	Post town	NOTTINGHAM			
Scottish firm, give the registered or principal office address.	County / Region	UK Postcode N G 1 2 5 P D			
	Country	1			

Details of new directors must be notified on form 288a **Directors** Please list directors in alphabetical order. * Style / Title 1 MR Name Day Month Year Directors In the case of a director that Date of birth / 0 9 / 1 9 4 4 0 |8 is a corporation or a Scottish firm, the name is the corpo-Forename(s) | PHILLIP rate or firm name. Surname | DAVEY HAMILTON HOUSE, 1 DORMY CLOSE Address **BRAMCOTE** Usual residential address must be given. In the case of a Post town | NOTTINGHAM corporation or a Scottish firm, give the County / Region UK Postcode N G 9 registered or principal office address. Country | ENGLAND Nationality Business occupation | DIRECTOR * Voluntary details. * Style / Title | MR Name Day Month Year Directors In the case of a director that Date of birth 0 3 / 1 9 5 2 is a corporation or a Scottish firm, the name is the corpo-Forename(s) | CHRISTOPHER MATTHEW rate or firm name. Surname | HENWOOD

GREENACRE, 50 KNEETON ROAD

EAST BRIDGFORD

Post town | NOTTINGHAM

Country | ENGLAND

County / Region

Business occupation | DIRECTOR

Address

Usual residential address must be given. In the case of a

corporation or a Scottish firm, give the

registered or principal office address.

UK Postcode IN |G |1 |2

I BRITISH

Nationality

Directors

Details of new directors must be notified on form 288a

Please list directors in	n alphabe	tical order.		
	Name	* Style / Title	MR	
Directors In the			Day Month Year	
case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.		Date of birth	[3 [1 / [0 [1 / [1 9 [6 8	
		Forename(s)	MICHAEL JOHN	
		Surname	TEBBUTT	
	Address	S	THE NOOK, 15 HECADECK LANE	
Usual residential				
address must be given. In the case of a corporation or a	ì	Post town	NETHER BROUGHTON	
Scottish firm, give the registered or principal	C	County / Region	LEICESTERSHIRE	UK Postcode L E 1 4 3 E Z
office address.		Country	ENGLAND	Nationality BRITISH
	Busine	ss occupation	ACCOUNTANT	
* Voluntary details.				
	Name	* Style / Title	MR	
Directors in the			Day Month Year	
case of a director that is a corporation or a Scottish firm, the	i	Date of birth	1 6 / 0 7 / 1 9 5 7	
name is the corpo- rate or firm name.		Forename(s)	ANDREW VAUGHAN	
		Surname	UNITT	
	Addres	s	64 MAIN STREET	-
Usual residential				
address must be given. In the case of a corporation or a	3	Post town	COSSINGTON	
Scottish firm, give the registered or principal		County / Region	LEICESTERSHIRE	UK Postcode L E 7 L 4 U L
office address.		Country		Nationality BRITISH
	Busine	ss occupation	FINANCE DIRECTOR	_

Issued share capital Enter details of all the shares in issue at the date of this return.	Class Number of (e.g. Ordinary/Preference) shares issued		Aggregate Nominal Value (i.e., Number of shares issued multiplied by nominal value per share, or total amount of stock)		
	£1 ORDS	225,000	£ 225,000.00		
	Totals	225,000	£ 225,000.00		
List of past and present shareholders (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no changes in the period				
returns.	A list of changes is enclosed A full list of shareholders		in another format		
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	Date	12/8/03		
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	S (enter number)	entinuation sheets.		
Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should contact if there is any query.	SONIA FENNELL, BOOTS GROUP	P PLC, GROUP HEADQUARTERS, N	IOTTINGHAM NG2 3AA		
		Tel 0115-968 7094			
	DX number 712061	DX exchange BE	ESTON 2		



List of past and present shareholders Schedule to form 363a

C	н	F	P	n	2	q
u	п	г	•	u	Z	J

Company Number	366250
Company Name in full	Crookes Healthcare Limited

- 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 or provide an index
- List joint shareholders consecutively

	Class and	Shares or amount of stock transferred (if appropriate)		
Shareholders' details	number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name	£1 ords 224,998			
L BOOTS HOLDINGS (BHI) LIMITED	224,000			
Address				
1 THANE ROAD WEST, NOTTINGHAM				
UK Postcode NG2L3AA				
Name	£1 ords		_	
THE BOOTS COMPANY (NOMINEES) LIMITED				
Address				
1 THANE ROAD WEST, NOTTINGHAM				
L				
UK Postcode NG2 3AA				
Name				
Address				
UK Postcode				