



Please complete in typescript,
or in bold black capitals.

CHFP029

006 915/150

363a

Annual Return

Company Number 463261

Company Name in full Boots Dentalcare Limited

Date of this return

The information in this return is made up to

Day Month Year

07 / 08 / 2003

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

07 / 08 / 2004

Registered Office

Show here the address at the date of
this return.

1 THANE ROAD WEST

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

Post town

NOTTINGHAM

County / Region

UK Postcode

NG2 3AA

Principal business activities

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

8513

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

or

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

DX 235 Edinburgh

Register of members

If the register of members is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

Company type

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please tick the appropriate box

Company Secretary

(Please photocopy this area to provide details of joint secretaries).

* Voluntary details.

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Usual residential address must be given. In the case of a corporation, or a Scottish firm, give the registered or principal office address.

Details of a new company secretary must be notified on form 288a.

Name

* Style / Title

MS

Forename(s)

SONIA

Surname(s)

FENNELL

Address

GILLIVER COTTAGE

GILLIVER LANE, CLIPSTON ON THE WOLDS

Post town

NOTTINGHAM

County / Region

UK Postcode

N G 1 2 5 P D

Country

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name	* Style / Title	MR																
		Day	Month	Year														
Date of birth		2	3	/	1	2	/	1	9	4	0							
Forename(s)		ALAN HENRY																
Surname		BROOK																
Address		3 RIVERDALE DRIVE																
Usual residential address																		
Post town		SHEFFIELD																
County / Region		SOUTH YORKSHIRE					UK Postcode		S			1	0		3	F	Y	
Country		ENGLAND					Nationality											
Business occupation		DENTIST																

* Voluntary details.

Name	* Style / Title	MR																
		Day	Month	Year														
Date of birth		1	1	/	0	9	/	1	9	5	5							
Forename(s)		CHRISTOPHER																
Surname		POTTS																
Address		7 CROWN WAY, CHELLASTON																
Usual residential address																		
Post town		DERBY																
County / Region							UK Postcode		D			E	1	3		1	N	V
Country		ENGLAND					Nationality		BRITISH									
Business occupation		DENTIST																

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name	* Style / Title	MR													
		Day	Month	Year											
Date of birth		1	1	/	0	6	/	1	9	5	0				
Forename(s)		NORMAN ALEC													
Surname		USHER													
Address	5 NURSERY END, NANPANTAN ROAD														
Usual residential address must be given. In the case of a corporation or a Scottish firm, the name is the corporate or firm name.															
Post town		LOUGHBOROUGH													
County / Region		LEICESTERSHIRE					UK Postcode		L	E	1	1	3	R	B
Country		ENGLAND					Nationality		BRITISH						
Business occupation		MANAGING DIRECTOR													

* Voluntary details.

Name	* Style / Title													
		Day	Month	Year										
Date of birth				/			/							
Forename(s)														
Surname														
Address														
Usual residential address must be given. In the case of a corporation or a Scottish firm, the name is the corporate or firm name.														
Post town														
County / Region							UK Postcode							
Country							Nationality							
Business occupation														

Issued share capital

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, or total amount of stock)

£1 ORDS	520	£ 520.00
Totals	520	£ 520.00

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 returns.

There were no changes in the period

☐

on paper in another format

A list of changes is enclosed


☐
☐

A full list of shareholders is enclosed

☒
☐
Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed



Date

12/10/03

† Please delete as appropriate.

† a director/secretary

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.

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.

This return includes

(enter number)

continuation sheets.

SONIA FENNELL, BOOTS GROUP PLC, GROUP HEADQUARTERS, NOTTINGHAM, NG2 3AA

Tel 0115-968 7094

DX number 712061

DX exchange BEESTON 2



List of past and present shareholders Schedule to form 363a

CHFP029

Company Number 463261

Company Name in full Boots Dentalcare 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

Shareholders' details	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate)	
		Class and number of shares or amount of stock transferred	Date of registration of transfer
Name <u>BOOTS THE CHEMISTS LIMITED</u> Address <u>NOTTINGHAM</u> UK Postcode <u>NG2 3AA</u>	£1 ords 520		
Name Address UK Postcode <u>LLLL LLL</u>			
Name Address UK Postcode <u>LLLL LLL</u>			