



Companies House

— for the record —

Please complete in typescript, or
in bold black capitals

CHW P000

Company Number

1992981

Company name in full

NESTOR HEALTHCARE GROUP PLC

88(2)

(Revised 2005)

Return of Allotment of Shares

Shares allotted (including bonus shares)

(see Guidance Booklet GBA6)

Date or period during which
shares were allotted

(If shares were allotted on one date
enter that date in the "from" box)

From

Day Month Year

01 08 2007

To

Day Month Year

31 08 2007

Class of shares
(ordinary or preference etc)

ORDINARY 10p

Number allotted

1,376

Nominal value of each share

10 pence

Amount (if any) paid or due on each
share (including any share premium)

156.96p

List the names and addresses of the allottees and the
number and class of shares allotted to each overleaf

If the allotted shares (including bonus shares) are fully or partly paid up otherwise than in
cash please state

% that each share is to be
treated as paid up

% (if any) that each share
is to be paid up in cash

Consideration for which
the shares were allotted

(This information must be supported by
the original or a certified copy of the
contract or by Form 88(3) if the contract
is not in writing)



APMDNSP2

A39

05/09/2007

183

COMPANIES HOUSE

WEDNESDAY

09/2005

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

Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England and Wales

or
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 33050 Cardiff

DX 235 Edinburgh

or LP - 4 Edinburgh 2

Names and addresses of the allottees

Shareholder details <i>(list joint allottees as one shareholder)</i>		Shares and share class allotted	
Name(s) <u>MRS JOAN ELISABETH WILLIAMS</u>		Class of shares allotted <u>ORDINARY</u>	Number allotted <u>1,376</u>
Address <u>BARN COTTAGE, BROOKWEIR, CHEPSTOW,</u>		<u>10 pence</u>	
UK Postcode <u>NP16 7PH</u>			
Name(s) _____		Class of shares allotted _____	Number allotted _____
Address _____ _____		_____ _____	_____ _____
UK Postcode <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>			
Name(s) _____		Class of shares allotted _____	Number allotted _____
Address _____ _____		_____ _____	_____ _____
UK Postcode <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>			
Name(s) _____		Class of shares allotted _____	Number allotted _____
Address _____ _____		_____ _____	_____ _____
UK Postcode <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>			
Name(s) _____		Class of shares allotted _____	Number allotted _____
Address _____ _____		_____ _____	_____ _____
UK Postcode <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>			

Please enter the number of continuation sheets (if any) attached to this form

Signed

David Collison

Date

~~** A director / secretary / administrator / administrative receiver / receiver / official receiver / receiver manager / voluntary arrangement supervisor~~

~~** Please delete as appropriate~~

Contact Details

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

<u>DAVID COLLISON</u>	
<u>NESTOR HEALTHCARE GROUP PLC</u>	
<u>Tel 01784 221607</u>	
DX number	DX exchange