

Return of Allotment of Shares

Please complete in typescript,
or in bold black capitals.
CHFP041

Company Number	2335297		
Company name in full	Integra Healthcare Limited		
	1		
Shares allotted (including bonus share	9\$):		
Date or period during which shares were allotted (if shares were allotted on one date enter that date in the "from" box.)	From	То	
	Day Month Year	Day Month Year	
	0 3 1 0 2 0 0 3		
Class of shares	Ordinary	:	
(ordinary or preference etc.) Number allotted	1		
Nominal value of each share	£1.00		
Trominal value of oder share	22.00		
Amount (if any) paid or due on each share (including any share premium)	£1.00		
List the names and addresses of the a	llottees and the number of shares	allotted to each overleaf	
If the allotted shares are fully o	r partly paid up otherwise th	nan in cash please state:	
% that each share is to be treated as paid up	100%		
Consideration for which the shares were allotted			
(This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)			
contract is not in writing)			

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

A22 COMPANIES HOUSE 10/10/03 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 for companies registered in Scotland **Edinburgh**

Form Revised January 2000

Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share	Shares and share class allotted	
Name		Class of shares	Number	
[Health for Industry Limite	d	allotted	allotted	
Address				
5 Lloyds Avenue, London		Lordinary	_ <u>[1</u>	
		<u> </u>	_	
UK Pos	stcode ECBNBBE			
Name		Class of shares	Number allotted	
		unotted	anotteo	
Address				
		1	-	
		<u> </u>		
UK Pos	stcode LLLLLL	<u> </u>	_	
Name		Class of shares	Number	
		allotted	allotted	
Address				
E		<u> </u>	_	
L		<u> </u>		
UK Pos	stcode LLLLLL	L		
Name		Class of shares	Number	
		allotted	allotted	
Address				
			_	
UK Postcode				
<u></u>				
Name		Class of shares allotted	Number allotted	
Address				
Address				
			_	
UK Po	stcode LLLLL	\ \	_ [
Please enter the pumper of continu	ation sheet(s) (if any) attached to th	nis form 0	<u> </u>	
	>	2/./		
Signed	Date	3/10/03		
A director / secretary / administrator / administr	rative manager / receiver manager / receiver	Please delete as a	appropriate	
Please give the name, address,	Clark Holt			
telephone number and, if available, a DX number and Exchange of the				
person Companies House should	1 Sanford Street, Swindon,			
contact if there is any query.	SN1 1HJ Tel 0	1793 617444		
	DX number 38606 DX excha	ange Swindon 2		
	DX number 38606 DX excha	ange Swindon 2		