

Please complete in typescript,
or in bold black capitals.

CHFP010

Company Number

2413426

Company Name in full

MOORE HEALTH CARE LIMITED

Appointment form

Notes on completion appear on next page.

Appointment as director

NAME * Style / Title

Forename(s)

Surname

Previous forename(s)

Usual residential address

Post town

County / Region

† Nationality

† Other directorships (additional space next page)

Date of appointment

Day Month Year
0 1 1 0 2 0 0 6

† Date of Birth

Day Month Year
0 2 1 1 1 9 4 0

X

as secretary

Please mark the appropriate box. If appointment is as a director and secretary mark both boxes.

* Honours etc

Henry John Mark

TOMPKINS

Previous surname(s)

18 Thurloe Square

London

Postcode SW7 2TE

Country

British

† Business occupation

Company Director

See attached schedule

I consent to act as ** director / secretary of the above named company

Consent signature

Date 1/10/06

* Voluntary details.

† Directors only.

** Please delete as appropriate

A director, secretary etc must sign the form below.

Signed

Date 1/10/06

(**a director / secretary / administrator / administrative receiver / receiver manager / receiver)

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.

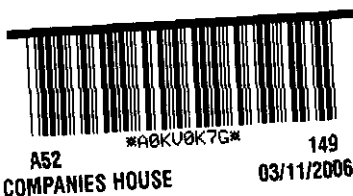
Company Secretary, Healthcare Enterprise Group PLC,
2nd Floor, College House, 272 Kings Road, London
SW3 5AW Tel
DX number DX exchange

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



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† Directors only.

† Other directorships

NOTES

Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.

Give previous forenames or surname(s) except:

- for a married woman, the name by which she was known before marriage need not be given.
- for names not used since the age of 18 or for at least 20 years.

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or succeeded to it.

Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

- dormant
- a parent company which wholly owned the company making the return, or
- another wholly owned subsidiary of the same parent company.

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

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Company Number

2413426

Company Name in full

MOORE HEALTH CARE LIMITED

Name

Henry John Mark TOMPKINS

**List of other directorships
Schedule to form 288a**

Company Name	Resignation
C.I.C.S. HOLDINGS LIMITED CREST MEDICAL LIMITED CROSS INFECTION CONTROL SYSTEMS (CICS) LIMITED FERTILOS COPY LIMITED FIRST AID UK LTD HEALTHCARE DELIVERY SYSTEMS LIMITED HEALTHCARE ENDOSCOPY LIMITED	