

Company Number

2915765

Company name in full

LIBRA HEALTH GROUP LIMITED

Shares allotted (including bonus shares):

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

2 3 1 2 2 0 0 2

To
Day Month Year

Class of shares
(ordinary or preference etc.)

ORDINARY

Number allotted

10,000

Nominal value of each share

£0.01

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

£0.01

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

If the allotted shares are fully or partly paid up otherwise than 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)

shares in a fellow subsidiary company

pursuant to an agreement dated

23 December 2002

When you have completed and signed the form 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 DX 235
for companies registered in Scotland Edinburgh



A13
COMPANIES HOUSE
January 2000

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

Shareholder details		Shares and share class allotted	
Name <u>PRIORY SPECIALIST HEALTH LIMITED</u>		Class of shares allotted	Number allotted
Address <u>PRIORY HOUSE, RANDALLS WAY, LEATHERHEAD SURREY</u>		<u>ORDINARY</u>	<u>10,000</u>
UK Postcode <u>KI12 2 7 LP</u>			
Name _____		Class of shares allotted	Number allotted
Address _____			
UK Postcode <u>LLLLLLLL</u>			
Name _____		Class of shares allotted	Number allotted
Address _____			
UK Postcode <u>LLLLLLLL</u>			
Name _____		Class of shares allotted	Number allotted
Address _____			
UK Postcode <u>LLLLLLLL</u>			
Name _____		Class of shares allotted	Number allotted
Address _____			
UK Postcode <u>LLLLLLLL</u>			

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

Signed [Signature] Date 23 December 2002

A director / secretary / administrator / administrative manager / receiver manager / receiver

Please delete as appropriate

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.

Skadden, Arps, Slate, Meagher & Flom LLP

One Canada Square, Canary Wharf, London, E14 5DS, ,

Ref: **SNB**

Tel 020 7519 7000

DX number

DX exchange