Package:

"Laserform"

**Company Number** 

by Laserform International Ltd.

Please complete in typescript, or in bold black capitals.

288b

## Resignation of director or secretary

3137456

(NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

Company Name in full		THE BULLEN HEALTHCARE GROUP LIMITED					
B F 1	0 *						
Resignation		Day	Month	Year			
Date	e of resignation	01	04	96			
Resignation as director		X as secretary		Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.			
NAME	*Style / Title	MR			*Honours etc		
	Forename(s)	CHARLES IAN					
se.	Surname	HODGKINSON					
		Day	Month	Year			
†Da		12	06	1960			
	B F 1  Date Resigna  NAME  se.	B F 1 0 *  Date of resignation  Resignation as director  NAME *Style / Title  Forename(s)	Day  Date of resignation  Resignation as director  NAME *Style / Title MR  Forename(s) CHARLE:  Se. Surname HODGKII  Day  †Date of Birth  12	BF10*  Day Month  Date of resignation  Resignation as director X as secre  NAME *Style / Title MR  Forename(s) CHARLES IAN  Se. Surname HODGKINSON  Day Month  1Date of Birth  12 06  ation is other than	Day Month Year  Date of resignation  Day Month Year  O1 04 96  Resignation as director X as secretary  NAME *Style / Title MR  Forename(s) CHARLES IAN  Se. Surname HODGKINSON  Day Month Year  †Date of Birth 12 06 1960  ation is other than	Day Month Year  Date of resignation  Resignation as director  NAME *Style / Title MR  Forename(s)  CHARLES IAN  HODGKINSON  Day Month Year  *Honours etc  Forename  1 Date of Birth  1 Date of Birth  1 Day Month Year  1 Date of Birth  1 Date of Birth  1 Date of Birth	Day Month Year  Date of resignation 01 04 96  Resignation as director X as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.  NAME *Style / Title MR *Honours etc  Forename(s) CHARLES IAN  Be. Surname HODGKINSON  Day Month Year  †Date of Birth 12 06 1960  ation is other than

\* Voluntary details.
† Directors only.

Signed

A serving director, secretary etc must sign the form below. **Date** 

(by a serving director/secretary/administrator/administrative receiver/receivermanager/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.



... US/07/96

ANIES HOUSE 04/12/96

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

DX exchange

Tel

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff or companies registered in England and Wales

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

for companies registered in Scotland

DX number

DX 235 Edinburgh