Package:

'Laserform'

by Laserform International Ltd.

Please complete in typescript, or in bold black capitals.

CHFP025

Company Number

3156327

of particulars (use Form 288c))

Company Name in full

Southern Cross HEALTHCARE SERVICES

Appointment of director or secretary

(NOT for resignation (use Form 288b) or change

Year Day Day Month Month Year Date of tDate of 11916 appointment 00 Birth Please mark the appropriate box. If appointment **Appointment** Appointment as director as secretary is as a director and secretary mark both boxes. form NAME *Style / Title "Honours etc Notes on completion appear on reverse. Forename(s) PHILIP HENRY Surname Scott Previous **Previous** Forename(s) Surname(s) Usual residential Sun MOULTON COTTAGE, address KICHMOND 6 Q G Post town Postcode DLIO County / Region NORTH Country ENGLAND YORKSHIRE †Nationality TRISH †Business occupation DIRECTOR †Other directorships (additional space overleaf) consent to act as director /-secretary of the above named company

Consent signature

Valuntary details.

Directore only.
Please delete as appropriate

Date

7 h/60 2000

P.18/21

A director, secretary etc must sign the form below.

Signed

Date

7.11. 2000.

(** 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.

DX number

DX exchange

COMPANIES HOUSE 11/11/00 Laserform International 12/99

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

Tel

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 for companies registered in Scotland DX 235 Edinburgh

31-UC -21116	⊌ 11:53 FROM	1 EVERSHEDS	TO 0175	3856394	P.19/21
	Company Nu	mber			
t Directors only.	†Other directo	orships EMERALD	HEALTHCARE LI	MITED	
		EMERALD H	EALTHCARE DEVEL	LOPMENTS	LIMITED
		EMERALD 1	HEALTHCARE PROPE	RTIES LI	MITED
		EMERALD	MANAGEMENT S	ERVICES	LIMITED
		TAMARIS	(ENGLAND)	LIMITE	D
		^	OBAL LIMITED	RE LII	MITED

NOTES

Show the full forenames, NOT INITIALS, if the director or secretary is a corporation or Scottish firm, show the name on sumame 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.