

Please complete in typescript, or in bold black capitals.

288

30/5/97

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

Company Number	Com	pany	Num	bei
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3225331

Company Name in full

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SOUTHERN CROSS HEALTHCARE FACILITIES LIMITED

Resignation form		e of resignation ation as director	Day 30	Month S as secre	Year] x	Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME	*Style / Title	Mr				*Honours etc
Please insert details as previously notified to Companies House.		Forename(s)	JOHN	7	-		
	e.	Surname	O'R	EILLY			
-			Day	Month	Year		
		[†] Date of Birth	1				
	ation is othe tion, pleas	er than se state reason		•			

director, secretary etc must sign the form below.

Signed

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.



r omi revised March 1995

EVERSHEDS (SOLICITORS)

HOLLAND COURT, THE CLOSE, NORWICH, NR1 4DX

Date

CO1/AGM 01603 272727 Tel

5206 NORWICH 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, CF4 3UZ for companies registered in England and Wales

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

for companies registered in Scotland DX 235 Edinburgh

^{*} Voluntary details.

[†] Directors only.