

Please complete in typescript, or in bold black capitals.

Vaturel Sigo x 12 191315

363a

Annual Return

Company Number

3252834			

Company Name in full C

Community Nurse Defence Limited					
	<u>. </u>	·	 	 	

Date of this return(See note 1) The information in this return is made up to

D	ay	Мо	nth		Yea	ľ	
2	0	0	9	1	9	9	9

Date of next return(See note 2) If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.

D	ay	Moi	nth	Yea			
2	0	0	9	2	0	0	0

Registered Office(See note 3) Show here the address at the date of this return.

Any change of registered office must be notified on form 287.

Post town

County / Region

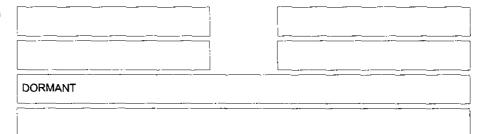
Postcode

3 DEVONSHIRE	PLACE	 	 	 _
LONDON				=
W1N 2EA		 	 	 _

Principal business activities

(See note 4)
Show trade classification code number(s) for the principal activity or activities.

If the code number cannot be determined, give a brief description of principal activity.





For.. July 1998 When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 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

Register of members is	PTS (See note 5)						
registered office, state here	where it is kept.						
	Post town						
	County / Region		Postcode				
Register of Deben	ture holders						
If there is a register of deberond it is not kept at the registate here where it is kept.	nture holders stered office,						
	Post town						
	County / Region		Postcode				
Company type (See	note 7)						
Public limited company							
Private company limited by sha	res						
Private company limited by gua share capital	rantee without	X					
Private company limited by sharsection 30	res exempt under	Please mark the appropriate box					
Private company limited by gua under section 30	rantee exempt						
Private unlimited company with	share capital						
Private unlimited company with	out share capital						
Company Secretar	") (see notes 1-5)	Details of a new compa	ny secretary must be notif	ied on form 288a.			
(Please photocopy this area to provide details of joint Name	* Style / Title	MR	*Honours etc				
secretariés).	Forename(s)	NICHOLAS JOHN					
* Voluntary details.	Surname	BOWMAN					
·	ious forename(s)						
Prev	vious surname(s)						
Addres	s	16 MANOR DRIVE					
Usual residential							
address _{must} be given. In the case of a	Post town	AYLESBURY					
corporation, give the registered or principal office address.	County / Region	BUCKS	Postcode	HP20 1EW			
	Country	ENGLAND					

Please list directo	ors in alpha	abetical order.	Details of new directors	s must	be notified (on torm	288a			
١	Name	* Style / Title	DR			Day	Month	Year		_
		* Honours etc	MBBS MRCS LRCP DOBS	rcog	Date of birth	2 5	0 4	1 9	4 9	
		Forename(s)	MICHAEL THOMAS							
		Surname	SAUNDERS							
	Previo	us forename(s)								
-	Previo	ous surname(s)						<u>. </u>		ا
	Address		317 ANDOVER ROAD						•	
Usual resident	tial									
address must be given. In the case corporation, give	e of a	Post town	NEWBURY						_	
registered or prin- office address.	ncinal	County / Region	BERKSHIRE		Po	stcode	RG20 0	LN		1
		Country	ENGLAND		Nati	onality	BRITISH			7
E	Business (occupation	CHIEF EXECUTIVE							j
C	Other dire	ctorships	NO OTHER DIRECTORSHI	PS						
* Voluntary details.										7
						<u></u>				J
_										
N	Name	* Style / Title				Day	Month	Year		٦
		* Honours etc			Date of birth				<u> </u>]
		Forename(s)		======				_		
		Surname							-	_
	Previo	us forename(s)								717
-	Previo	ous surname(s)		-						
, A	Address									
Usual resident address must be										7
given. In the case	e of a the	Post town								ĺ
registered or princoffice address.	แลดลเ	FOST TOWN						-		7
	C	County / Region			Po	stcode				1
	C					stcode onality				
E		County / Region								
		County / Region Country Coccupation								

Issued share capital (see note 9) Enter details of all the shares in issue at the date of this return.	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)
		!	
•			
	Totals		
List of past and present members (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no changes	in the period	
returns. (see note 10)		on par	per in another format
(A list of changes is enclo	osed	
	A full list of members is	enclosed	
Elective resolutions (Private companies only) (See note 11)	If at the date of this retu	rn an election is in forc annual general meeti	ce to dispense with ngs, mark this box
	If at the date of this return laying according	rn an election is in for ounts in general meeti	ce to dispense with ngs, mark this box
Certificate	I certify that the informat knowledge and belief.	tion given in this return	n is true to the best of my
. Signed	NSBoroman	Da	te 20.9.99
† Please delete as appropriate.	† a director/secretary		
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	This return includes	(enter number)	continuation sheets.
Please give the name, address, telephone number, and if available, a DX number and Exchange, for	MRS S E BLOXHAM, 3 DEVONSHI	IRE PLACE, LONDON, W1N 2EA	\
the person Companies House should contact if there is any query.		T 1 0471 107 117	7
	DX number	Tel 0171 467 316 DX exchange	
		DA Excitative	