

Please complete in typescript, or in bold black capitals.

CHFP029

104981 233

363a

Annual Return

Company Number		3252834		
Compan	y Name in full	Community Nurse Defence Limited		
Date of this return The information in this return is made up to Date of next return If you wish to make your next return		Day Month Year 2 0 / 0 9 / 2 0 0 2		
to a date earlier than the of this return please show Companies House will that the appropriate time.	anniversary w the date here.	Day Month Year 2 0 10 9 2 0 0 3		
Registered Office Show here the address at the date of this return.		230 BLACKFRIARS ROAD		
Any change of registered office must be notified on form 287.	Post town County / Region UK Postcode	LONDON S E 1 8 P J		
Principal business	activities			
Show trade classification code number(s) for the principal activity or activities.		9999		
If the code number canno give a brief description of				



COMPANIES HOUSE

0372 17/09/02

Form revised September 1999

When you have completed and signed the form please 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 for companies registered in Scotland

DX 235 Edinburgh

Register of m If the register of me registered office, st	embers embers is not kept at the tate here where it is kept.	! !		
	Post town	[
	County / Region		UK Postcode	
If there is a registe or a duplicate of ar	ebenture holders r of debenture holders, ny such register or part ept at the registered here it is kept.			
	Post town	I		
County / Region				
Company typ	e			
Public limited compar	ny			
Private company limit	ted by shares			
Private company limit share capital	ted by guarantee without	X		
Private company limit section 30	led by shares exempt under	Please tick	the appropriate box	
Private company limit under section 30	ted by guarantee exempt			
Private unlimited com	pany with share capital			
Private unlimited com	pany without share capital			
Company Sec	cretary			
(Please photocopy		Details of a new company sec	retary must be notified on form 288a.	
this area to provide	Name * Style / Title	MR		
* Voluntary details.	Forename(s)	NICHOLAS JOHN		
If a partnership give the names and addresses of the part- ners or the name of the partnership and office address.	Surname(s)	BOWMAN		
	Address	LEGERWOOD		
Usual residential address must be given. In the case of a corporation, or a Scottish firm, give the registered or principal office address.		CHERRY GARDEN HILL		
	Post town	GROOMBRIDGE		
	County / Region	EAST SUSSEX	UK Postcode T N 3 9 N Y	
	Country	ENGLAND		

Page 2

Directors Please list directors in alphabetical order.		Details of new directors must be no	otified on form 288a
Na	ame * Style / Title	DR	
Directors In the case of a director that is a corporation or a Scottish firm, the	Date of birth	Day Month Year 2 5 / 0 4 / 1 9 4 9	
name is the corpo- rate or firm name.	Forename(s)	MICHAEL THOMAS	
	Surname	SAUNDERS	
Address		317 ANDOVER ROAD	
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	Post town County / Region Country usiness occupation	NEWBURY BERKSHIRE ENGLAND DIRECTOR	UK Postcode R G 2 0 0 L N Nationality BRITISH
* Voluntary details.			
Na	ame * Style / Title		
Directors In the case of a director that is a corporation or a Scottish firm, the	Date of birth	Day Month Year	
name is the corporate or firm name.	Forename(s)		
	Surname		
Address		<u> </u>	
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	Post town County / Region		UK Postcode ;

Country

Business occupation

Nationality

• Issued share capital 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, or total amount of stock)	
	Totals			
List of past and present shareholders (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns. There were no changes in the period X on paper in another form				
	A full list of shareholders is enclosed			
Certificate	I certify that the informat knowledge and belief.	ion given in this return	is true to the best of my	
Signed	† a director/secretary	Da	te 9.9.02	
† 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 the person Companies House should contact if there is any query.	ELEEN HALL, 230 BLACKFRIARS	ROAD, LONDON, SE1 8PJ		
		Tel 020 7202 155	5	
	DX number	DX exchange		