



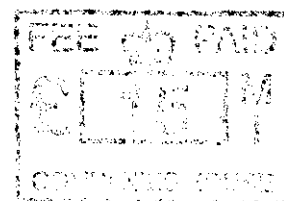
Please complete in typescript,  
or in bold black capitals.

CHFP029

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363a

## Annual Return



Company Number 3252834

Company Name in full Community Nurse Defence Limited

### Date of this return

The information in this return is made up to

Day Month Year  
2 0 / 0 9 / 2 0 0 3

### Date of next return

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.

Day Month Year  
2 0 / 0 9 / 2 0 0 4

### 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 LONDON

County / Region

UK Postcode 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 cannot be determined,  
give a brief description of principal activity.



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  
or  
**Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB**  
for companies registered in Scotland **DX 235 Edinburgh**

## Register of members

If the register of members is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

## Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

## Company type

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

☐☐☒☐☐☐☐

Please tick the appropriate box

## Company Secretary

(Please photocopy this area to provide details of joint secretaries).

Name

\* Style / Title

MR

\* Voluntary details.

Forename(s)

NICHOLAS JOHN

Surname(s)

BOWMAN

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

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.

Post town

CHERRY GARDEN HILL

GROOMBRIDGE

County / Region

EAST SUSSEX

UK Postcode

T N 3 9 N Y

Country

ENGLAND

Details of a new company secretary must be notified on form 288a.

## Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name \* Style / Title DR

**Directors** In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year  
Date of birth 2 5 / 0 4 / 1 9 4 9

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 NEWBURY

County / Region BERKSHIRE

UK Postcode R G 2 0 0 L N

Country ENGLAND

Nationality BRITISH

Business occupation CHIEF EXECUTIVE

\* Voluntary details.

Name \* Style / Title

**Directors** In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year  
Date of birth

Forename(s)

Surname

Address

**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

Nationality

Business occupation

**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



on paper in another format

A list of changes is enclosed

☐
☐

A full list of shareholders is enclosed

☐
☐

**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

**Signed**

*N. Bowman*

**Date**

22.9.2003

† 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

continuation sheets.

(enter number)

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.

VERONICA WARNER, 230 BLACKFRIARS ROAD, LONDON, SE1 8PJ

Tel 020 7202 1555

DX number 36505 Lambeth DX exchange