

Please complete in typescript, or in bold black capitals.

**CHFP029** 

## **Annual Return**

363a

NW £180×12 191805

Com	pany Number	3252834		
Compan	y Name in full	Community Nurse Defence Limited		
Date of this return		Day Month Year		
The information in this return is made up to		2  0 /  0  9 /  2  0  0  0		
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.		Day Month Year		
Companies House will that the appropriate time.	ien send a form	20/09/2001		
Registered Office Show here the address this return.	at the date of	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.				
			L	
			<u></u>	
If the code number cannot be determined, give a brief description of principal activity.		DORMANT		
		When you have completed and signed Registrar of Companies at:  Companies House, Crown Way, Car	the form please	send it to the

for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland

DX 235 E

22/09/00

DX 235 Edinburgh

f the register of me registered office, si	lembers embers is not kept at the tate here where it is kept.					
	Post town					
	County / Region		UK Postcode	L		
If there is a register or a duplicate of an	ebenture holders r of debenture holders, ny such register or part ept at the registered rhere it is kept.					
	Post town	1				
	County / Region		UK Postcode			
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	ted by shares exempt under	\ \rangle P	lease tick the appropriate box			
Private company limit under section 30	ted by guarantee exempt					
Private unlimited com	npany with share capital					
Private unlimited com	npany without share capital					
Company Sec	cretary	Details of a new com-		forms 200c		
(Please photocopy this area to provide		Details of a new com	pany secretary must be notified on	torm 288a.		
details of joint sec-	Name * Style / Title	MR				
* Voluntary details.	Forename(s)	NICHOLAS JOHN				
If a partnership give the names and addresses of the part	Surname(s)	BOWMAN				
ners or the name of the partnership and office address.	Address	LEGERWOOD				
Usual residential		CHERRY GARDEN HILL				
address must be given. In the case of a corporation, or a Scottish firm, give the registered or principal office address.	Post town	GROOMBRIDGE				
	County / Region	EAST SUSSEX	UK Postcode T N 3	9 N Y		
	Country	ENGLAND				
				Page 2		

Directors Please list directors in	in alpha	betical order.	Details of new directors must be no	otified 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	<del></del> -
	<b>≆</b> t	Date of birth	2 5 / 0 4 / 1 9 4 9	
		Forename(s)	MICHAEL THOMAS	
		Surname	SAUNDERS	
	Addre	ess	317 ANDOVER ROAD	
Usual residential				
address must be given. In the case of corporation or a		Post town	NEWBURY	
Scottish firm, give the registered or principal office address.	e al	County / Region	BERKSHIRE	UK Postcode R G 2 0 0 L N
		Country	ENGLAND	Nationality BRITISH
	Busin	ness occupation	CHIEF EXECUTIVE	
* Voluntary details.				
	Name	* Style / Title	I	
Directors In the			Day Month Year	
case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	at	Date of birth		
		Forename(s)		
		Surname		
Address		ess		
Usual residential				
address must be given. In the case of corporation or a Scottish firm, give the registered or principal office address.		Post town	1	
	e al	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)
	L	L	L
	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	There were no changes	in the period	
returns.	A list of changes is enclosed A full list of shareholders		in another format
Certificate	I certify that the information knowledge and belief.	tion given in this return is	s true to the best of my
Signed	Nobownie	Date	20.9.00
† 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 include:	s O co	ontinuation 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 guest.	MRS S E BLOXHAM, 230 BLACKF	RIARS ROAD, LONDON, SE1 8PJ	
contact if there is any query.	L	Tel 1020 7202 1555	
	DX number 1	DX exchange i	