

PEAPOD SOLUTIONS LTD.

288b

Please complete in typescript,
or in bold black capitals.

RESIGNATION OF DIRECTOR OR SECRETARY (NOT for
appointment (use form 288a) or change of particulars

Company Number 3502452

Company Name in full

SOUTH MANCHESTER HEALTHCARE (HOLDINGS)
LIMITED



* F 2 8 8 B F 7 0 *

Resignation
form

Date of resignation Day Month Year
17 07 98

Resignation as director

☒

as secretary

☐

Please mark the appropriate box. If
resignation is as a director and secretary mark

NAME

* Style / Title

MR

* Honours etc

Please insert
details as
previously notified
to Companies
House.

Forename(s)

MICHAEL

Surname

COVER

† Date of Birth

Day Month Year
29 11 50

If cessation is other than
resignation, please state reason.

A serving director, secretary etc must sign the form below.

Signed

David R. Cooper

Date 17.07.98

* Voluntary details.

† Directors only.

† (by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver)

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.

DAVIES ARNOLD COOPER

60 FOUNTAIN STREET, MANCHESTER

M2 2FE

Tel 0161 839 8396

DX number 14363

DX exchange MANCHESTER



Form revised March 1995

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

or

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