

Please complete in typescript, or in bold black capitals.

CHFP000

CHANGE OF PARTICULARS for director

or secretary (NOT for appointment (use Form 288a) or resignation (use Form 288b))

Company	Number
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03502452

Company Name in full

SOUTH MANCHESTEN HEALTHCARE

		(1402) MGS) CHVITED.			
Changes of particulars	Complete in all cases	Date of change of particulars	Month 0 4 1	Year	
form	Name *Style / Titl	e*Ho	nours etc		
	Forename(s	RICHARD ALLA	W		
	Surnam	ROBENTS.			
	† Date of Birti	Day Month Year	,		
Change of name (el	nter new name) Forename(s)			
	Surname				
Change of usual residential address (enter new address)		FLAT 3, 22 CLYDE ROAD			
	Post towr	MANCHESTER			
	County / Region	North West.	Postcode	Mao	QHN
	Country	ENGLANO	1		
Other change	(please specify)		J		
		A serving director, secretary etc mi	ust sign the f	orm below	
* Voluntary details. † Directors only. **Delete as appropriate.	Signed		Date	6/4/99	
		(**_clireetor / secretary / administrator / administration	e receiver / receiv	Or-manager /- rece	
Please give the name, address, relephone number and, if available, a DX number and Exchange of		Richard Roberts, South Mancheder Healthrare			

telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.



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

DX exchange

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

0161

for companies registered in Scotland

DX number

Manchester M23 9PP Tel

DX 235 Edinburgh