

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHFP000

Company Number	3603234		
Company name in full	PHOENIX MEDICAL SUPPLIES LIMITED		
Shares allotted (including bonus shares):			
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month Year 3 0 7 2 0 0 6		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	3961000		
Nominal value of each share	±1		
Amount (if any) paid or due on eac share (including any share premium)	h £ 11		
List the names and addresses of th	e allottees and the number of shares allotted to each overleaf		
If the allotted shares are fully	or partly paid up otherwise than in cash please state:		
% that each share is to be treated as paid up			
Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)			
	When you have completed and signed the form send it to the Registrar of Companies at:		

COMPANIES HOUSE Form revised January 2000 03/08/2006

Γhi:

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

DX 235 Edinburgh

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

Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details	Shares and share class allotted	
Name PHOENIX INTERNATIONAL BETEILIGHNUS GMbH	Class of shares allotted	Number allotted
Address PFINGSTWEIDSTRASSE 10-12	ORDINARY	3961 000
68199 MANNHEIM GERMANY	L	L
UK Postcode		<u> </u>
Name	Class of shares allotted	Number allotted
Address	1	_
	L	<u> </u>
UK Postcode しょしょしょ		
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		ı
UK Postcode		L
Name	Class of shares allotted	Number aliotted
Address		
		L
UK Postcode		
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Please enter the number of continuation sheets (if any) attached to this f		n.l
Signed Dat	te 31.7.20	υ છ
A director / secretary / administrator / administrative receiver / receiver manager / recei	ver Please o	delete as appropriate
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.	Tel	

DX number

DX exchange