

PLEASE COMPLETE IN  
TYPESCRIPT OR IN  
BOLD BLACK CAPITALS

# 88(2)

## Return of Allotment of Shares

CHFPO83

Company Number

03716736

Company name in full

iSOFT Group plc

### 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
30	Oct	2007

Day	Month	Year

Class of shares  
(ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each  
share (including any share premium)

Ordinary		
188,548,648		
10p each		

List the names and addresses of the 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

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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, Crown Way, Cardiff CF14 3UZ DX 33050 Cardiff  
For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX235  
For companies registered in Scotland Edinburgh

WEDNESDAY



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09/01/2008  
COMPANIES HOUSE

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

Shareholder details	Shares and share class allotted	
Name IBA Health (UK) Limited _____  Address 10 Norwich Street London <div style="text-align: right;">UK Postcode   EC4A 1BD</div>	Class of shares allotted  _____ _____ _____	Number allotted  _____ _____ _____
_____     	Class of shares allotted  _____ _____ _____	Number allotted  _____ _____ _____
	Class of shares allotted  _____ _____ _____	Number allotted  _____ _____ _____
	Class of shares allotted  _____ _____ _____	Number allotted  _____ _____ _____
	Class of shares allotted  _____ _____ _____	Number allotted  _____ _____ _____

Please enter the number of continuation sheet(s) (if any) attached to this form

Signed



Date

30/11/07

A director / secretary / administrator / administrative receiver / receiver manager / receiver

Please 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

Dan Emmens, Corporate Actions	
Equiniti Limited, The Causeway, Worthing	
West Sussex	Tel 01903 702233
DX number	DX exchange