

APPOINTMENT of director or secretary

(NOT for resignation (use Form 288b) or
change of particulars (use Form 288c))

Please complete in typescript,
or in bold black capitals.

CHFP010

Company Number

4331447

Company Name in full

PARAMOUNT HEALTHCARE (UK) LIMITED

Appointment form

Notes on completion
appear on next page.

Appointment as director

Day	Month	Year	Day	Month	Year		
3	0	0	4	2	0	0	3

† Date of
Birth

☒ as secretary ☐ Please mark the appropriate box. If appointment is
as a director and secretary mark both boxes.

NAME * Style / Title

Mrs

* Honours etc

Forename(s)

MARILYN ANN

Surname

LUNNON

Previous
forename(s)

Previous
surname(s)

WEBBER

**Usual residential
address**

9 BRISTOL STREET, ABERKENFIG

Post town

BRIDGEND

Postcode

CF32 9BW

County / Region

MID GLAMORGAN

Country

† Nationality

British

† Business
occupation

Company Director

† Other directorships
(additional space next page)

See attached schedule

I consent to act as ** director / ~~secretary~~ of the above named company

Consent signature

M.A. Lunn

Date

10.05.03

* Voluntary details.

† Directors only.

** Please delete as appropriate

A director, secretary etc must sign the form below.

Signed

P.A. VEVERS

Date

10.05.03

(**a 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.

MR P.A.VEVERS, 35 NEW CLOSE ROAD, NAB WOOD, SHIPLEY,

WEST YORKSHIRE, BD18 4AU

Tel

DX number

DX exchange

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

Companies House, Crown Way, Cardiff, CF14 3UZ
for companies registered in England and Wales

DX 33050 Cardiff

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 235 Edinburgh



Company Number

4331447

† Directors only.

† Other directorships

NOTES

Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.

Give previous forenames or surname(s) except:

- for a married woman, the name by which she was known before marriage need not be given.
- for names not used since the age of 18 or for at least 20 years.

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or succeeded to it.

Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

- dormant
- a parent company which wholly owned the company making the return, or
- another wholly owned subsidiary of the same parent company.

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

CHFP010

Company Number

List of other directorships Schedule to form 288a

4331447

Company Name in full

PARAMOUNT HEALTHCARE (UK) LIMITED

Name

MARILYN ANN LUNNON

Company Name	Resignation
APCHP LIMITED	
BGCHL LIMITED	
BHCHS LIMITED	
CVCHD LIMITED	
GSCHB LIMITED	
HARCHC LIMITED	
HBHCHWM LIMITED	
HLCHL LIMITED	
HVCHS LIMITED	
LBCHS LIMITED	
LGCHN LIMITED	
LMCHD LIMITED	
MBCHB LIMITED	
MLCHN LIMITED	
NLCHB LIMITED	
PRINCIPAL CARE CORPORATION LIMITED	
RVCHS LIMITED	
SCCHN LIMITED	
SFPCHN LIMITED	
SWCHB LIMITED	
TLCHS LIMITED	
TMPCHB LIMITED	
V VCHS LIMITED	