88(2)

CHFP004

Return of Allotment of Shares

Company Number	4344782		
Company name in full	MEDICAL DEVICE INNOVATIONS LIMITED		
Shares allotted (including bonu	s shares):		
	From	То	
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box.	Day Month Year 2 3 1 2 2 0 0 4	Day Month Year	
Class of shares (ordinary or preference etc)	A ORDINARY		
Number allotted	9000		
Nominal value of each share	10P		
Amount (if any) paid or due on each share (including any share premium)	£100		
List the names and addresses of the a	allottees and the number of shares allotted	to each overleaf	
If the allotted shares are fully or	r partly paid up otherwise than in ca	sh please state:	
% that each share is to be treated as paid up			
Consideration for which the share 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 s	signed the form send it to	

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COMPANIES HOUSE 22/02/05

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 DX 235
For companies registered in Scotland Edinburgh

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

Name Avlar BioVentures Fund II Limited Address Highfield Court Church Lane Mad		Class of shares allotted A ORDINARY L	Number allotted	
Highfield Court Church Lane Mac		L A ORDINARY	9000	
UK	Postcode CB38AGL			
			L	
Name		Class of shares allotted	Number allotted	
Address		L	L	
UK	Postcode			
Name		Class of shares	Number allotted	
Address		allotted	allotted	
UI	〈Postcode ∟∟∟∟∟∟	L		
Name	and the second s	Class of shares	Number	
Address		allotted	allotted	
UI	✓ Postcode	<u> </u>		
Name		Class of shares allotted	Number allotted	
Address			L	
U	<postcode lllllll<="" td=""><td><u> </u></td><td>L</td></postcode>	<u> </u>	L	
Please enter the number of contin	nuation sheet(s) (if any) attached to this	form	· · · · · · · · · · · · · · · · · · ·	
Signed	Dat	e 18 m/an,	2005.	
A director / secretary / administrator / ad	dministrative receiver / receiver manager / receive	er Please de	lete 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.	Maxwell Batley			
	27 Chancery Lane			
88(2)	DX number DX 190		2440 4469 Dery Lane	