



Please complete in typescript,
or in bold black capitals.

CHFP025

88(2)

Return of Allotment of Shares

Company Number

4344782

Company name in full

MEDICAL DEVICE INNOVATIONS 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

Day Month Year

1 2 0 3 2 0 0 7

To

Day Month Year

Class of shares

(ordinary or preference etc)

B ORDINARY

Number allotted

5,769

Nominal value of each share

10 pence

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

£130

List the names and addresses of the allottees and the number of shares allotted to each overseas

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 please 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



A26 *AFX6GOB7* 499
31/03/2007
COMPANIES HOUSE

21/03/2007 525
COMPANIES HOUSE

SATURDAY
WEDN

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

Shareholder details		Shares and share class allotted	
Name <u>AVLAR BIOVENTURES FUND II LIMITED PARTNERSHIP</u>		Class of shares allotted	Number allotted
Address <u>HIGHFIELD COURT, CHURCH LANE, MADINGLEY, CAMBRIDGE</u>		<u>B ORDINARY</u>	<u>5,769</u>
UK Postcode <u>C B 3 L 3 A G</u>			
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			

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

☐

Signed

Daniel Roal

Date

12 MARCH 2007

A director / secretary / ~~XXXXXXXXXXXXXXXXXXXX~~ / ~~XXXXXXXXXX~~ / ~~XXXXXX~~

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

MORRISON & FOERSTER

7TH FLOOR, CITYPOINT, ONE ROPEMAKER STREET, LONDON