

Please complete in typescript, or in hold black capitals

CHANGE OF PARTICULARS for director

or secretary(NOT for appointment (use Form

CHWP000	n capitais.		288a) or resignation (use Form 288b))			
	Company Number		5328982			
C	ompany Name in full		PATIENT OPINION LIMITED			
				Day	Month	Year
Changes of particulars			Date of change of particulars 2 5 0 9 2 0 0 6			
form	Name	*Style / Title	DOCTOR	*Honou	ırs etc	
	Forename(s)		JAMES FARQUHARSON			
		Surname	MUNRO			
			Day Month Year			
		† Date of Birth	2 9 1 0 1 9 5 9			
Change of name (enter new name) Forename(s)						
		Sumame				
Change of usual residential address †† (enter new address)		392 BRINCLIFFE EDGE ROAD				
†† Tick this box if t	the	Post town	SHEFFIELD			
address shown is a service address for the beneficiary of a	•	County / Region	SOUTH YORKSHIRE		Postcode	S11 9DA
Confidentiality Ord granted under the provisions of secti	er	Country	UK			
723B of the Companies Act 198	35	Other change (please specify)				
			A serving director, secretary	etc mu	st sign the	form below.
* Voluntary details. † Directors only. **Delete as appropri	iate.	Signed	(** diregtor / secretary / administrator / adm			10 october 06
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record A08 **APINICH_JNX*** 57 COMPANIES HOUSE 14/10/2005				iiii iisu auve	receiver / recei	ver manager / receiver)
			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 DX 33050 Cardiff for companies registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB			
Form 10/03			for companies registered in Sco	otiand		DX 235 Edinburgh or LP - 4 Edinburgh 2