

88(2)

Please complete in typescript, or in bold block capitals.

Return of Allotment of Shares

CHFP082 Company number	5478248								
Company name in full	PRIMAST MEDICAL SERVICES LIMITED								
									
Shares allotted (including bon	us shares)	-				•			
Date or period during which shares were allotted		From <i>Day Month</i> Year				To Day Month Year			
(If shares were allotted on one date enter that date in the "from" box.)		1 0	0 6	2 0 0	5	:	iİ.		
Class of shares (ordinary or preference etc)		Ordi	nary				:		
Number allotted		9	9						
Nominal value of each share		£1.0	0	: : :					
Amount (if any) paid or due on e	ach sha re	£1.0	0						
List the names and addresses	of the allot	tees and t	he nun	nber of sha	res allo	tted to	each ove	erleaf	
If the allotted shares are	fully or pa	rtly paid	d up o	therwise	than ir	n cash	please	state:	•
% that each share is to be treated as paid up							i		
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)									
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Companies House, Crown Way, Cardiff CF14 3UZ DX 33050 Cardif For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235 For companies registered in Scotlan Edinburgh or LP - 4 Edinburgh 2

Shareholder	Shares and share class allotted				
Name Primast Medical Limited		Class of shares allotted	Number allotted		
Address					
West Hill House, Allerton Hill, Chapel Allerton	Ordinary	99			
LUZ Da	ostcode LS7 3QB	······································			
	Lot odb				
Name		Class of shares allotted	Number allotted		
Address					
			i		
			i		
UK Po	estcode				
Name		Class of shares allotted	Number allotted		
Address		**************************************			
		L			
UK Po	ostcode				
Name		Class of shares allotted	Number allotted		
Address		—:			
<u> </u>			<u> </u>		
UK Po	estcode	<u> </u>			
Name		Class of shares allotted	Number allotted		
Address					
: :					
UK Po	estcode				
Please enter the number of continual	tion sheets (if any) attached to t		0		
Signed Signed	ald	Date 3./6 2	. 5		
A director / secretary / administrator	/ administrative receiver / receiver manager		lease delete as appropriat		
ou do not have to give any contact formation in the box opposite but if you b, it will help Companies House to contact					
u if there is a query on the form. The intact information that you give will be		Τε			
sible to searchers of the public record.	DX number	DX exchange			