

Return of Allotment of Shares

Please complete in typescript,
or in bold black capitals.

CHFP010

Company Number

6318416

Company Name in full

ENVISAGE HEALTH 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

19 07 2007

To

Day Month Year

Class of shares

(ordinary or preference etc)

ORD

Number allotted

99

Nominal value of each share

£1

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

£99

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

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

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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 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

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
For companies registered in Scotland

DX 235 Edinburgh

THURSDAY



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ACMU3RYU
09/08/2007
COMPANIES HOUSE

158

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

Shareholder details		Shares and share class allotted	
Name ODILE MARY BRENNAN		Class of shares allotted ORD	Number allotted 99
Address 12 WINBERMERE ROAD LONDON			
UK postcode N10 2RE			
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 ^x

DM Brennan

^x

Date

^x 4/8/07 ^x

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

Tel	
DX number	DX exchange

BLUEPRINT

2000